STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160001

LAUREN KAY MERRETT
SWING FIRST GOLF LLC
JOHNSON RANCH GOLF CLUB
736 S LONGMORE ST
CHANDLER AZ 85242

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160002

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

Renewal Fees:

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

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

Renewal Fees:

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

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

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160003

ELIZABETH WILSON
GAS PLUS
421 E SHELDON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160004

RICHARD LEE THOMPSON
LANCASTER WINGS WEST II LLC
BUFFALO WILD WINGS GRILL & BAR
2985 CENTRE CT
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160005

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160006

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160007

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160008

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160009

HARLAND WILSON CONOVER, JR.
HARCON ENTERPRISES LLC
TONY'S TOO BAR & GRILLE
P O BOX 25458
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130021         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARLAND WILSON CONOVER, JR.   ___________________
Location: TONY'S TOO BAR & GRILLE       ___________________
          8172 E LONG MESA DR #B        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-0377       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160010

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

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

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

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

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

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

Renewal Fees:
License Renewal: 50.00

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

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160011

JOHN ANTHONY TAMERON
BUCKBOARD RESTAURANT LLC
BUCKBOARD RESTAURANT
P O BOX 1915
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113265         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ANTHONY TAMERON          ___________________
Location: BUCKBOARD RESTAURANT          ___________________
          1111 W HWY 60                 ___________________
          SUPERIOR, AZ 85173            ___________________
Business Phone:     (520)689-5800       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160012

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

Renewal Fees:

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

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

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160013

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160014

SONIA MARTINEZ
GUIMA LLC
CASA CHICA
443 W BUTTERFIELD RD
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160015

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160016

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160017

ARTHUR THOMAS KNELL, SR.
BPOE #2291
BPOE #2291
110 AIRPORT RD
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160018

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160019

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160020

ALEXANDER JOSEPH GOETTING
VERDE BREWING COMPANY LLC
VERDE BREWING COMPANY
325 S MAIN ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160021

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160022

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

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

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

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

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

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

Renewal Fees:
License Renewal: 50.00

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

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

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

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

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

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

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

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

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

Total: 120.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

License# 10133211 Renew? _____Yes_____No

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

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

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

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

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160023

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160024

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133591         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUEI SHUN  CHEN               ___________________
Location: BONSAI BISTRO                 ___________________
          747 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8999       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160025

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160026

LAUREN KAY MERRETT
AK-CHIN INDIAN COMMUNITY
AK-CHIN CIRCLE-MULTI-TAINMENT CENTER
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

Renewal Fees:

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

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

Renewal Fees:

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

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

Renewal Fees:

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

License# 10113224 Renew? _____Yes_____No
Status: Active Status Date: 7/19/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NORMAN POTTER _____
Location: VEKOL MARKET _____
47021 W FARRELL RD _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-1000 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160027

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160028

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160029

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

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133576         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: AUGIE'S PRESCOTT              __________________
          1721 E STATE HWY 69           __________________
          PRESCOTT, AZ 86301            __________________
Business Phone:     (928)777-0330       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160030

JENNIFER ERIN BROWN
G'S BURGERS
PO BOX 175
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133596         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: G'S BURGERS                   _________________
          1220 S EASTERN #A             _________________
          CORNVILLE, AZ 86325           _________________
Business Phone:     (928)230-4107       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160031

DANIEL EDWARD COHEN
BELLA VITA RESTAURANTE LLC
BELLA VITA RISTAURANTE
P O BOX 3982
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133601         Renew? ______Yes_____No
Status:   Active           Status Date:     3/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL EDWARD COHEN           ___________________
Location: BELLA VITA RISTAURANTE        ___________________
          6701 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4540       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160032

CHONG H LEE
KO-A BAR
201 E 2ND ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110081         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KO-A BAR                      _________________
          7190 S SUNLAND GIN RD         _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)466-3153       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160033

JEFFREY PAT ERICKSON
RIVERBOTTOM BAR & GRILL LLC
RIVER BOTTOM GRILL
P O BOX 619
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110020         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY PAT ERICKSON          ___________________
Location: RIVER BOTTOM GRILL            ___________________
          2501 N HWY 79                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-3131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160034

MARGARET ELIZABETH INGHAM
M DIAMOND GUESTHOUSE LLC
M DIAMOND GUESTHOUSE
9501 E AW TILLINGHAST RD
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133516         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARGARET ELIZABETH INGHAM     ___________________
Location: M DIAMOND GUESTHOUSE          ___________________
          3255 N FOREST RD 618          ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)300-6466       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160035

KIA T LAM
LAM KIA ET AL
STOP BY
P O BOX 11045
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110060         Renew? ______Yes_____No
Status:   Active           Status Date:     1/17/1989
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIA T LAM                     _________________
Location: STOP BY                       _________________
          5000 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     520-836-3213        __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160036

CLARE HOLLIE ABEL
COSTCO WHOLESALE CORP
COSTCO WHOLESALE #466
ATTN: LICENSING
999 LAKE DR
ISSAQUAH WA 98027

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130052         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: COSTCO WHOLESALE #466         ___________________
          3911 HYW 69                   ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)541-2203       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160037

ROMANO V SCATURRO
VINCE'S LITTLE STAR
P O BOX 421
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130058         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VINCE'S LITTLE STAR           _________________
          CORNVILLE RD ACROSS FROM POST OFFICE   _________________
          CORNVILLE, AZ 86325           _________________
Business Phone:     (520)634-4063       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160038

PAULA MARIE FARLEY
C STOP
7527 CLEAR SKY TR
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133245         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: C STOP                        _________________
          335 GROVE AVE                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-8422       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160039

WILLIAM EDWARD SCHWIND
CITY OF CASA GRANDE
DAVE WHITE MUNICIPAL GOLF COURSE
404 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05110002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM EDWARD SCHWIND        ___________________
Location: DAVE WHITE MUNICIPAL GOLF COURSE___________________
          2121 N THORNTON RD            ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-9216       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160040

HOLLY LYN WAGNER
HOLLYS MARKET
15970 CORDES LAKES DR
CORDES LAKES AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133236         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: HOLLYS MARKET                 ___________________
          15970 CORDES LAKES DR         ___________________
          CORDES LAKES, AZ 86333        ___________________
Business Phone:     (928)632-1247       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160041

GREGORY JOHN SWIGUT
ARIVA LLC
PAPA'S ITALIAN RESTAURANT
4906 ANTOLOP DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133536         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY JOHN SWIGUT           ___________________
Location: PAPA'S ITALIAN RESTAURANT     ___________________
          129 1/2 N CORTEZ ST           ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-4880       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160042

THERESA JUNE MORSE
TOMMY'S BCH LLC
TRUE GRIT TAVERN
20800 N JOHN WAYNE PKWY STE 101
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110029         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: TRUE GRIT TAVERN              ___________________
          20800 N JOHN WAYNE PKWY STE 101   ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:     (520)568-5338       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160043

KEVIN ARNOLD KRAMBER
SKY RANCH OPERATIONS LLC
SKY RANCH LODGE
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130035         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: SKY RANCH LODGE               ___________________
          1105 AIRPORT RD               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-6400       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160044

MERCY ONTIVEROS VASQUEZ
TACOS N' MORE MEXICAN GRILL LLC
TACOS N' MORE MEXICAN GRILL
21596 N JOHN WAYNE PKWY STE 104
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12113197 Renew? _____Yes_____No
Status: Active Status Date: 9/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MERCY ONTIVEROS VASQUEZ _____
Location: TACOS N' MORE MEXICAN GRILL _____
21596 N JOHN WAYNE PKWY #104 _____
MARICOPA, AZ 85138 _____
Business Phone: (520)568-9095 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160045

LI CHANG MA
TAM ENTERPRISES INC
CANTON DRAGON CHINESE CUISINE
377 N MONTEZUMA STE 105
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133052         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LI CHANG MA                   ___________________
Location: CANTON DRAGON CHINESE CUISINE ___________________
          377 N MONTEZUMA STE 105       ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)771-8118       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160046

DAN YUAN ZHEN
MOON CHINA LLC
MOON CHINA
1450 W GUADALUPE RD #109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113160         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN YUAN ZHEN                 _________________
Location: MOON CHINA                    _________________
          40975 N IRONWOOD DR. # B 112   __________________
          QUEEN CREEK, AZ 85242         _________________
Business Phone:     (480)734-8104       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160047

GINA LEE DANIELS
DANIELS GINA ET AL
MINAMI
6586 HWY 179
SUITES A1/A5
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133212         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GINA LEE DANIELS              _________________
Location: MINAMI                        _________________
          6586 HWY 179 SUITE A1/A5      _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-0684       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160048

JUAN M PEREZ SANCHEZ
PUERTO VALLARTA LLC
PUERTO VALLARTA
11901 E STATE ROUTE 69
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133383         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN M PEREZ SANCHEZ          ___________________
Location: PUERTO VALLARTA               ___________________
          11901 E STATE ROUTE 69        ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)772-4460       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160049

GREGORY THEODORE JOHN SENST
BURRO SALOON
8355 S HWY 89
WILHOIT AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130072         Renew? ______Yes_____No
Status:   Active           Status Date:     6/23/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BURRO SALOON                  _________________
          HWY 89                        _________________
          WILHOIT, AZ 86332             _________________
Business Phone:     (928)442-3287       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160050

KELLY THOMAS KELLER
THYME IN A BOTTLE LLC
BIN 239
239 N MARINA ST STE 101
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133183         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLY THOMAS KELLER           _________________
Location: BIN 239                       _________________
          239 N MARINA ST STE 101       _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-3855       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12133284         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLY THOMAS KELLER           _________________
Location: BIN 239                       _________________
          239 N MARINA ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-3855       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160051

JAMES EDWARD NEWBERRY
VINEYARD WINE BAR LLC
ANCIENT PILLARS TRADITIONAL GREEK CUISINE
1001 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130078         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD NEWBERRY         ___________________
Location: ANCIENT PILLARS TRADITIONAL GREEK CUISINE___________________
          1001 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-1949       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160052

OLIVIA DIAZ
EL PATIO BAR & GRILL
1955 E CORNVILLE RD
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133466         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL PATIO BAR & GRILL          _________________
          1955 E CORNVILLE RD           _________________
          RIMROCK, AZ 86335             _________________
Business Phone:     (928)592-0340       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160053

LYNN PATRICIA VAN DER HEYDEN
ELKS' THEATRE & PERFORMING ARTS CENTER
ELKS THEATRE & PERFORMING ARTS CENTER
117 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07137003         Renew? ______Yes_____No
Status:   Active           Status Date:     12/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN PATRICIA VAN DER HEYDEN  ___________________
Location: ELKS THEATRE & PERFORMING ARTS CENTER___________________
          117 E GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)777-1366       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160054

USMAN HANIF
SALT N PEPPER #3 LLC
SALT N PEPPER #3
110 N REDDINGTON RD
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113118         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    USMAN  HANIF                  ___________________
Location: SALT N PEPPER #3              ___________________
          110 N REDDINGTON RD           ___________________
          SAN MANUEL, AZ 85631          ___________________
Business Phone:     (520)385-2525       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160055

CIRO GUTIERREZ ESCAMILLA
ROCKIN B SALOON
625 STATE ROUTE 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130012         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROCKIN B SALOON               _________________
          625 E HWY 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)202-3446       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160056

HELEN C CAIN
HENDERSON RANCH
P O BOX 14
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130010         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HENDERSON RANCH               _________________
          ZANE GREY HWY 1 MI E          _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)632-7864       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160057

KATHERINE HAZEL MC LEAN
DARLING K ENTERPRISES LLC
THUMB BUTTE PIT STOP
1451 W GURLEY ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133263         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHERINE HAZEL MC LEAN       ___________________
Location: THUMB BUTTE PIT STOP          ___________________
          1451 W GURLEY ST              ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)277-1390       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160058

JOHN JEFFREY SMEDSTAD
ELOTE INC
ELOTE CAFE
771 STATE RT 179
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133393         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JEFFREY SMEDSTAD         ___________________
Location: ELOTE CAFE                    ___________________
          771 HWY 179                   ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-0105       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160059

JODI L VURNOVAS
GOOD 2 GO STORES LLC
GOOD 2 GO
P O BOX 50620
IDAHO FALLS ID 83405

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113271 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JODI L VURNOVAS _____
Location: GOOD 2 GO _____
1000 W GILA BEND HWY _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)426-9569 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113272 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JODI L VURNOVAS _____
Location: GOOD 2 GO _____
3160 N TOLTEC RD _____
ELOY, AZ 85131 _____
Business Phone: (520)466-1313 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113273 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JODI L VURNOVAS _____
Location: GOOD 2 GO _____
HWY 60 & WESTERN AVE _____
SUPERIOR, AZ 85173 _____
Business Phone: (520)689-5554 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113274 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JODI L VURNOVAS _____
Location: GOOD 2 GO _____
19590 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-4141 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10133301         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODI L VURNOVAS               ___________________
Location: GOOD 2 GO                     ___________________
          1555 E HWY 69                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-2366       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10133302         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODI L VURNOVAS               ___________________
Location: GOOD 2 GO                     ___________________
          3179 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-4178       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10133303         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODI L VURNOVAS               ___________________
Location: GOOD 2 GO                     ___________________
          1897 PUEBLO RIDGE RD #A       ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-1463       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160060

JAMES BOYD CLAYTON
CONGRESS MANAGEMENT GROUP LLC
SMALLMART EXPRESS
P O BOX 1899
OVERGAARD AZ 85933

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133174         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES BOYD CLAYTON            ___________________
Location: SMALLMART EXPRESS             ___________________
          26645 S HWY 89                ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-9864       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160061

JOHN MIKE MC LOUGHLIN
CELLAR 433 INC
CELLAR 433
7235 E HAMPTON #110
MESA AZ 85209

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130018         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MIKE MC LOUGHLIN         _________________
Location: CELLAR 433                    _________________
          240 HULL ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-7033       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  13133017         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MIKE MC LOUGHLIN         _________________
Location: CELLAR 433                    _________________
          240 HULL ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-7033       __________

Renewal Fees:
     License Renewal:                   100.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160062

JENNIFER M WARR
CHOCOLATREE LLC
CHOCOLATREE ORGANIC OASIS
55 SHELBY
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133638         Renew? ______Yes_____No
Status:   Active           Status Date:     3/11/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER M WARR               ___________________
Location: CHOCOLATREE ORGANIC OASIS     ___________________
          1595 W STATE ROUTE 89A        ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-2997       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160063

MIGUEL ALEJANDRO SANTANA
EL TOREO LLC
EL TOREO
2181 E HWY 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133434         Renew? ______Yes_____No
Status:   Active           Status Date:     4/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIGUEL ALEJANDRO SANTANA      ___________________
Location: EL TOREO                      ___________________
          2181 E HWY 89A                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-0416       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160064

MARCUS MC QUEEN
MC QUEEN & ASSOCIATES LLC
SANTAN GRILLE
18521 E QUEEN CREEK RD #105-198
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12113267 Renew? _____Yes_____No
Status: Active Status Date: 6/10/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARCUS MC QUEEN _____
Location: SANTAN GRILLE _____
5452 E SKYLINE DR _____
SAN TAN VALLEY, AZ 85140 _____
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160065

HARLAND WILSON CONOVER, JR.
CONAC LLC
TONYS PLACE
P O BOX 25458
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130050         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARLAND WILSON CONOVER, JR.   __________________
Location: TONYS PLACE                   __________________
          8624 VALLEY DR                __________________
          PRESCOTT VALLEY, AZ 86314     __________________
Business Phone:     (928)772-9954       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160066

ADAM HEATH SWARTWOUT
SKYVIEW BUILDERS LLC
GURLEY STREET SPORTS PUB
801 E GURLEY
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130069         Renew? ______Yes_____No
Status:   Active           Status Date:     6/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADAM HEATH SWARTWOUT          ___________________
Location: GURLEY STREET SPORTS PUB      ___________________
          801 E GURLEY                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2491       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160067

DANIEL EDWARD COHEN
BV'S VINO/MERCATINO
P O BOX 3982
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133288         Renew? ______Yes_____No
Status:   Active           Status Date:     7/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: BV'S VINO/MERCATINO           ___________________
          6701 W STATE HWY 89 A STE SS1A   ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4540       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160068

RUBEN MARTINEZ
S & B FOOD ENTERPRISES INC
PIZZA HUT
P O BOX 721200
NORMAN OK 73070-4916

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07110018 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
714 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-8812 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07110019 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
109 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7779 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07130027 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
1231 IRON SPRINGS RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)778-5139 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12133021 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
7430 PAV WAY _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (520)772-0222 _____

% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133146 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
312 MARKET PLACE DR _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (520)636-6400 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160069

ANDREA DAHLMAN LEWKOWITZ
PRESCOTT HOSPITALITY GROUP LLC
LA QUINTA INN & SUITES PRESCOTT CONVENTION CENTER
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133034         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: LA QUINTA INN & SUITES PRESCOTT CONVENTION CENTER_________________
          4499 HWY 69                   _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)777-0770       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160070

FREDRICK G CREELEY
BPOE #2007
BPOE #2007
PO BOX 3
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110003         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDRICK G CREELEY            ___________________
Location: BPOE #2007                    ___________________
          143 8TH AVE                   ___________________
          SAN MANUEL, AZ 85631          ___________________
Business Phone:     (520)385-4041       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160071

JANA LYNN HARRIS
BIG EASY
PO BOX 12946
PRESCOTT AZ 86304

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07133001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BIG EASY                      _________________
          125 N MCCORMICK ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160072

WEN SHENG ZHONG
BIG WA TWO LLC
BIG WA CHINESE RESTAURANT
1450 W GUADALUPE RD #109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113173         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WEN SHENG ZHONG               ___________________
Location: BIG WA CHINESE RESTAURANT     ___________________
          519 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)421-7111       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160073

SONG HUI VIENER
GINZA LLC
GINZA SUSHI & ASAIN CUISINE
1624 GETTYSVUE WAY
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133653         Renew? ______Yes_____No
Status:   Active           Status Date:     5/27/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SONG HUI VIENER               ___________________
Location: GINZA SUSHI & ASAIN CUISINE   ___________________
          220 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-4198       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160074

NATHAN ANDREW WAGNER
NATE'S COWBOY CAFE LLC
NATE'S COWBOY CAFE
1481 W STATE ROUTE 89A
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133558         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN ANDREW WAGNER          ___________________
Location: NATE'S COWBOY CAFE            ___________________
          1481 PALOMA WAY STATE ROUTE   ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)639-3838       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160075

AMY S NATIONS
LOS CABALLEROS INC
PICKUPS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110059         Renew? ______Yes_____No
Status:   Inactive         Status Date:     1/5/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 _________________
Location: PICKUPS                       _________________
          665 N PINAL AVE               _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)350-7769       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160076

NAK SUNG SONG
JC MART
3943 N CREOSOTE CT
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113165         Renew? ______Yes_____No
Status:   Active           Status Date:     4/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: JC MART                       _________________
          623 E COTTONWOOD LN           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)374-2577       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160077

ROBERT COLEMAN SPROUSE
WESTERN REFINING RETAIL LLC
GIANT STORE #647
1250 W WASHINGTON ST #101
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113255 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #647 _____
520 N PINAL PKWY _____
FLORENCE, AZ 85132 _____
Business Phone: (520)868-9500 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113256 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #650 _____
649 N PINAL PKWY _____
FLORENCE, AZ 85132 _____
Business Phone: (520)868-8915 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113257 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #653 _____
780 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)723-9438 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113258 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #667 _____
6466 N HWY 77 _____
DUDLEYVILLE, AZ 85292 _____
Business Phone: (520)357-6547 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113259 Renew? _____Yes_____No
Status: Active Status Date: 4/23/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #671 _____
400 AVENUE A _____
SAN MANUEL, AZ 85631 _____
Business Phone: (520)385-2813 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133284 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE # 070 _____
6509 HWY 179 _____
SEDONA, AZ 86351 _____
Business Phone: (928)284-9385 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133285 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE # 016 _____
999 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-8459 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133286 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT COLEMAN SPROUSE _____
Location: GIANT STORE #003 _____
2960 W SR 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)282-0038 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160078

DOULGLAS BRIAN WHITE
DEAR CKS,LLC
CROWN KING SALOON & CAFE
P O BOX 267
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130034         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOULGLAS BRIAN WHITE          ___________________
Location: CROWN KING SALOON & CAFE      ___________________
          MAIN ST                       ___________________
          CROWN KING, AZ 86343          ___________________
Business Phone:     (928)632-7053       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160079

TROY CHARLES DEVOS
QUIKTRIP CORPORATION
QUIKTRIP #482
P O BOX 3475
TULSA OK 74101-3475

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110001 Renew? _____Yes_____No
Status: Active Status Date: 6/28/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #482 _____
1627 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-9050 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113120 Renew? _____Yes_____No
Status: Active Status Date: 9/22/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #499 _____
20530 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-1907 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113121 Renew? _____Yes_____No
Status: Active Status Date: 4/6/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #495 _____
1766 W HUNT HWY _____
QUEEN CREEK, AZ 85142 _____
Business Phone: (480)655-5728 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113143 Renew? _____Yes_____No
Status: Active Status Date: 3/6/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #437 _____
21 E OLD WEST HWY _____
APACHE JUNCTION, AZ 85119 _____
Business Phone: (480)288-9023 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160080

JESUS ALBERTO ZUNIGA GARCIA
LA IGUANA INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
21141 N JOHN WAYNE PKWY
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113245         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          21141 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160081

MICHELLE JURISIN
JEROME BREWERY CORP
GRAPES RESTAURANT & BAR
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133090         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE  JURISIN             ___________________
Location: GRAPES RESTAURANT & BAR       ___________________
          111 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160082

BRENDA JOYCE DOEHRING
BARLEENS ARIZONA OPRY DINNER SHOW INC
BARLEENS ARIZONA OPRY DINNER SHOW
2275 OLD WEST HIGHWAY
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113090         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENDA JOYCE DOEHRING         ___________________
Location: BARLEENS ARIZONA OPRY DINNER SHOW___________________
          2275 OLD WEST HIGHWAY         ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-7991       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160083

PATRICK JOHN SCHWEISS
SEDONA INTERNATIONAL FILM FESTIVAL & WORKSHOP INC
SEDONA INTERNATIONAL FILM FESTIVAL
P O BOX 162
SEDONA AZ 86339

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130056         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOHN SCHWEISS         ___________________
Location: SEDONA INTERNATIONAL FILM FESTIVAL___________________
          2030 W SR 89A A1 A2           ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-1177       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160084

MELISSA GRIJALVA FLOREZ
COUNTRY CLUB F & B LLC
HOLIDAY INN
777 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11113003         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELISSA GRIJALVA FLOREZ       ___________________
Location: HOLIDAY INN                   ___________________
          777 PINAL AVE                 ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)426-3500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160085

ARTHUR A SANA
F&A LLC
CONGRESS GROCERY
704 E IRIS DR
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133216         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR A SANA                 ___________________
Location: CONGRESS GROCERY              ___________________
          22595 W HWY 71                ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-3814       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160086

LINDA SUE HARRISON
RL HEARTZ ENTERPRISES INC
SUZY Q
P O BOX 3561
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130039         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA SUE HARRISON            ___________________
Location: SUZY Q                        ___________________
          962 S MAIN                    ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-7901       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160087

SCOTT ALAN MULLENEAUX
MULLENEAUX ENTERPRISES INC
PAULDEN PARK PLACE
P O BOX 1281
THATCHER AZ 85552

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133280         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ALAN MULLENEAUX         ___________________
Location: PAULDEN PARK PLACE            ___________________
          23310 N HWY 89                ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-9404       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160088

MARY ELIZABETH GALE
MILE HIGH GRILL AND INN INC
MILE HIGH GRILL AND SPIRITS
P O BOX 1311
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133287         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY ELIZABETH GALE           ___________________
Location: MILE HIGH GRILL AND SPIRITS   ___________________
          309 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-5094       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160089

MARTIN GALVEZ
MARIA'S RESTAURANT & CANTINA
6446 HWY 179 #212
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133102         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MARIA'S RESTAURANT & CANTINA  _________________
          6446 HWY 179 #212             _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)284-3739       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160090

SUSAN MARIE KAMINS
OUTLAWS ONLY LLC
OUTLAWS ONLY
P O BOX 1163
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133246         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN MARIE KAMINS            ___________________
Location: OUTLAWS ONLY                  ___________________
          34550 S OLD BLACK CANYON HWY   ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-9243       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160091

CLAY WILLIAM ROMO
CLAY ROMO LLC
LLOYD'S LIQUORS
1102 W IRON SPRINGS RD #2
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130047         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLAY WILLIAM ROMO             _________________
Location: LLOYD'S LIQUORS               _________________
          1102 IRON SPRINGS ROAD        _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)778-0310       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09130042         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLAY WILLIAM ROMO             _________________
Location: LLOYD'S LIQUORS               _________________
          1102 IRON SPRINGS RD #1       _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (520)778-0310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160092

KEVIN LEE SOULIGNE
TA OPERATING LLC
TRAVELCENTERS OF AMERICA
ATTN GENERAL COUNSEL: TWO NEWTON PLACE
255 WASHINGTON ST #210
NEWTON MA 02458

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113175         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN LEE SOULIGNE            ___________________
Location: TRAVELCENTERS OF AMERICA      ___________________
          2929 S TOLTEC RD              ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-7363       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113219         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BONNIE LYNN YOWMAN            ___________________
Location: PETRO STOPPING CENTERS        ___________________
          5235 N SUNLAND GIN RD         ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)836-3983       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160093

FERNANDO M CORNEJO
TERRENATE ENTERPRISES INC
ROOSTERED JOJO'S
117 N SACATON ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110075         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FERNANDO M CORNEJO            _________________
Location: ROOSTERED JOJO'S              _________________
          2525 N PINAL AVE              _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)426-4266       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06113002         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA M CORNEJO                 _________________
Location: EVA'S FINE MEXICAN FOOD       _________________
          2033 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160094

RICHARD ALAN UNDERWOOD
UNDERWOOD RICHARD PARTNERSHIP
7-ELEVEN #17312C
1592 N CASA GRANDE AVE
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  10113229         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD ALAN UNDERWOOD        ___________________
Location: 7-ELEVEN #17312C              ___________________
          1592 N CASA GRANDE AVE        ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-1870       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160095

CHANH TRUNG HA
BAO & TRANG ENTERPRISES LLC
FAST MART
932 E STONEMAN PL
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  09113000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHANH TRUNG HA                _________________
Location: FAST MART                     _________________
          701 E FLORENCE BLVD           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)421-3162       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160096

RONALD CHAD COOK
COOKEN HOLDINGS INC
FREEDOM STATION FAMILY FUN CENTER
3550 VALLEY VIEW DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133379         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD CHAD COOK              _________________
Location: FREEDOM STATION FAMILY FUN CENTER_________________
          2992 N PARK AVE # A           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-4040       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160097

JAMES LEE VAN NESS, JR.
GOLD STAR NO II LLC
WICKENBURG MOBIL STATION
P O BOX 3315
WICKENBURG AZ 85358

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133146         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES LEE VAN NESS, JR.       ___________________
Location: WICKENBURG MOBIL STATION      ___________________
          2250 N VULTURE MINE RD        ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-6855       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160098

RAMESH CHANDRA SOMAIYA
RODEO LOUNGE LLC
RODEO LOUNGE
P O BOX 828
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110076         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAMESH CHANDRA SOMAIYA        ___________________
Location: RODEO LOUNGE                  ___________________
          8333 E SUNRISE SKY DR         ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160099

RICKEY DALE GOODMAN
RCCG LLC
YUMMY'S DELI
5020 CACTUS PL
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133279         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICKEY DALE GOODMAN           ___________________
Location: YUMMY'S DELI                  ___________________
          810 E SHELDON ST              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)708-9955       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160100

MICHAEL RAYMOND SALLY
D & M SALLY LLC
SALLY'S BBQ & TASTEBUDS PIZZA
2295 W ROPER LN
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133600         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL RAYMOND SALLY         ___________________
Location: SALLY'S BBQ & TASTEBUDS PIZZA ___________________
          334 S MONTEZUMA               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-3340       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160101

LAWRENCE EUGENE HILL
BENT PROP SALOON & COOKERY LLC
BENT PROP SALOON & COOKERY
4830 N TAYLOR RD
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110086         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EUGENE HILL          ___________________
Location: BENT PROP SALOON & COOKERY    ___________________
          4830 N TAYLOR RD              ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-9268       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160102

MARK STEPHEN MC BRADY
HUMBOLDT STATION INC
HUMBOLDT MARKET
PO BOX 815
HUMBOLDT AZ 86329

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133237         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK STEPHEN MC BRADY         ___________________
Location: HUMBOLDT MARKET               ___________________
          2735 S HWY 69                 ___________________
          DEWEY HUMBOLDT, AZ 86329      ___________________
Business Phone:     (928)632-5689       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160103

ANN LOUISE WOODRUFF
CLASSIC GRILLED CHEESE LLC
BIGA
2651 N BURNT RANCH DR
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133550         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANN LOUISE WOODRUFF           ___________________
Location: BIGA                          ___________________
          623 MILLER VALLEY RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)227-2543       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160104

LISA MICHELLE NEIDEF RHODES
YAVAPAI COMMUNITY COLLEGE
YAVAPAI COLLEGE PERFORMANCE HALL
P O BOX 2564
ATTN PAULA WOOLSEY
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05133002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   ___________________
Location: YAVAPAI COLLEGE PERFORMANCE HALL___________________
          1100 E SHELDON                ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-7300       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133045         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   ___________________
Location: SOUTHWEST WINE CENTER         ___________________
          601 BLACK HILLS DR            ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-7501       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160105

RANDY D NATIONS
RLD GOLF COURSES LLC
EL CHICANO GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110038         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: EL CHICANO GRILL              _________________
          11 SOUTH MISSION BLVD BLDG 1   _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)876-5335       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113212         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: EL CHICANO GRILL              _________________
          11 SOUTH MISSION BLVD BLDG 1   _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)876-5335       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160106

DANA ANITA MURDOCK
THUMB BUTTE DISTILLERY INC
THUMB BUTTE DISTILLERY
400 N WASHINGTON
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  18133001         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANA ANITA MURDOCK            ___________________
Location: THUMB BUTTE DISTILLERY        ___________________
          400 N WASHIGTON AVE           ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-8498       __________

Renewal Fees:
     License Renewal:                  300.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            370.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160107

ANTHONY JESUS ONTIVEROS
CORNVILLE COUNTRY MARKET LLC
CORNVILLE COUNTRY MARKET
1669 E SANDY LN
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133118         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JESUS ONTIVEROS       ___________________
Location: CORNVILLE COUNTRY MARKET      ___________________
          9420 CORNVILLE RD             ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-2982       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133259         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMERA DAWN ONTIVEROS         ___________________
Location: CRAZY TONY'S                  ___________________
          1220 S EASTERN DR             ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-3193       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160108

DAVID JOHN SEIGLER
SEIGLER ENTERPRISES LLC
DEVIL'S PANTRY
126 S MONTEZUMA RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133525         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID JOHN SEIGLER            ___________________
Location: DEVIL'S PANTRY                ___________________
          126 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)899-8878       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160109

JOSE JUAN LOMELI CARRILLO
JUANITAS TAQUERIA
P O BOX 4481
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133389         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: JUANITAS TAQUERIA             _________________
          611 E HIGHWAY 89A             _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-4670       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160110

LINDA KAREN GABRICK
PRESCOTT STATION RESTAURANT
200 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133599         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PRESCOTT STATION RESTAURANT   _________________
          200 E GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-0133       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160111

RANDY D NATIONS
OSH ENTERPRISE LLC
VENTURA MARKET
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110032         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: VENTURA MARKET                ___________________
          2528 E COPPER MINE RD         ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)990-8136       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160112

RONALD ALAN WELTY
COWBOYS UP INC
COWBOYS UP INC
285 N APACHE TRL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110082         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD ALAN WELTY             ___________________
Location: COWBOYS UP INC                ___________________
          285 N APACHE TR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)288-2727       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160113

RANDY D NATIONS
OLPW LLC
NATIVE GRILL & WINGS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12113094 Renew? _____Yes_____No
Status: Active Status Date: 6/28/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: NATIVE GRILL & WINGS _____
21164 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)568-6077 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160114

CARLOS GUILLERM RUIZ
TAQUERIA GUADALAJARA
P O BOX 25845
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133419         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TAQUERIA GUADALAJARA          _________________
          8028 E VALLEY RD              _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (520)775-4805       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160115

ABRAHAM LOPEZ ROMO
ROMO'S MEXICAN FOOD
107 MAIN
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113183         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROMO'S MEXICAN FOOD           _________________
          501 MCNAB                     _________________
          SAN MANUEL, AZ 85631          _________________
Business Phone:     (520)385-4355       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160116

ADRIAN ROBERT DARIMONT
O.I.S.H. LLC
ORACLE INN
P O BOX 430
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN ROBERT DARIMONT        _________________
Location: ORACLE INN                    _________________
          305 E AMERICAN AVE            _________________
          ORACLE, AZ 85623              _________________
Business Phone:     (520)896-3333       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160117

JESUS R ALVARADO
ALVARADO JESUS ET AL
ALVARADO MINI STORE
1002 E MEYERS BLVD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10111022         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS R ALVARADO              _________________
Location: ALVARADO MINI STORE           _________________
          1002 E MEYERS BLVD            _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)466-9594       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160118

GEORGE IRA ATWELL
SADDLEBROOKE DEVELOPMENT CO INC
PRESERVE CLUB HOUSE
9532 E RIGGS RD
SUNLAKES AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110016         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             ___________________
Location: PRESERVE CLUB HOUSE           ___________________
          66567 E CATALINA HILLS DR     ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)818-1000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160119

WO JIAN ZHOU
GREAT WALL CHINESE RESTAURANT
6832 S KINGS RANCH RD #1
GOLD CANYON AZ 85218

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113192         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GREAT WALL CHINESE RESTAURANT _________________
          6832 S KINGS RANCH RD #1      _________________
          GOLD CANYON, AZ 85218         _________________
Business Phone:     (480)982-2197       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160120

JING H ZHEN
ZHEN'S CHINESE RESTAURANT INC
CHINA KING RESTAURANT
1450 W GUADALUPE STE 109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110024         Renew? ______Yes_____No
Status:   Active           Status Date:     10/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JING H ZHEN                   _________________
Location: CHINA KING RESTAURANT         _________________
          1275 E FLORENCE BLVD #9       _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)836-9661       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160121

STEPHEN JAMES BUYSSE
BUYSSE FAMILY INC
FAMOUS PIZZA
65 APACHE TRL
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130028         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JAMES BUYSSE          _________________
Location: FAMOUS PIZZA                  _________________
          3190 W SR 89A                 _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-5464       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160122

RAMON ABE TALAMANTES
LUPE'S RESTAURANTE INC
LUPE'S RESTAURANT
HC 3 BOX 854
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113226         Renew? ______Yes_____No
Status:   Active           Status Date:     12/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAMON ABE TALAMANTES          _________________
Location: LUPE'S RESTAURANT             _________________
          35480 S HIGHWAY 77/79         _________________
          ORACLE JUNCTION, AZ 85739     _________________
Business Phone:     (520)818-7855       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160123

BRIAN ROGER FOOTE
FOOTE PROPERTIES LLC
CORRAL MARKET
P O BOX 16277
BELLEMONT AZ 86015

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133190         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN ROGER FOOTE             ___________________
Location: CORRAL MARKET                 ___________________
          93 E LEWIS AVE                ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (928)637-2268       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160124

JOHN BENEDICT FINNERTY
GREAT GAS
607 E HWY 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133219         Renew? ______Yes_____No
Status:   Active           Status Date:     10/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GREAT GAS                     _________________
          607 E HWY 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-5486       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160125

DARLENE A NEWLAND
BILLY JACKS SALOON-N-GRILL INC
BILLY JACKS SALOON-N-GRILL
8848 E CHERYL DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130030         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARLENE A NEWLAND             ___________________
Location: BILLY JACKS SALOON-N-GRILL    ___________________
          2555 HWY 69                   ___________________
          HUMBOLDT, AZ 86329            ___________________
Business Phone:     (928)632-8689       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160126

ALMA M FARRELL
HEADQUARTERS BUFFET
43983 W FARRELL RD
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HEADQUARTERS BUFFET           _________________
          19640 N JOHNWAYNE PKWY        _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-2022       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160127

HALINA LANDE
EVERYTHING SMOKE LLC
21138 E VIA DEL ORO
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113204         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EVERYTHING SMOKE LLC          _________________
          13514 S SUNLAND GIN RD        _________________
          ARIZONA CITY, AZ 85123        _________________
Business Phone:     (520)494-8095       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160128

JAMES ROY MARTIN
SIDEKICKS SALOON LLC
SIDEKICKS SALOON
6851 E 1ST ST
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130048         Renew? ______Yes_____No
Status:   Active           Status Date:     7/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ROY MARTIN              ___________________
Location: SIDEKICKS SALOON              ___________________
          6851 E 1 ST                   ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)443-5536       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160129

JENNIFER LEWINE NAGEL
JEROME HOSPITALITY GROUP LLC
ASYLUM RESTAURANT
P O BOX 276
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133025         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER LEWINE NAGEL         ___________________
Location: ASYLUM RESTAURANT             ___________________
          200 HILL ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)639-3197       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160130

JAMES LEON WITHERSPOON
SPOON'S CAFE LLC
SPOON'S CAFE
41839 W AVELLA DR
MARICOPA AZ 85138

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113263         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES LEON WITHERSPOON        _________________
Location: SPOON'S CAFE                  _________________
          44630 W MARICOPA/CASA GRANDE HWY   __________________
          MARICOPA, AZ 85139            _________________
Business Phone:     (520)568-7035       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160131

TABER LYLE ANDERSON
TALKING ROCK GOLF CLUB LLC
TALKING ROCK RANCH CLUB
2555 E CAMELBACK RD STE 770
PHOENIX AZ 85016

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TABER LYLE ANDERSON           ___________________
Location: TALKING ROCK RANCH CLUB       ___________________
          14975 TALKING ROCK RANCH RD   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)493-2626       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  14133006         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TABER LYLE ANDERSON           ___________________
Location: TALKING ROCK RANCH CLUB       ___________________
          14975 TALKING ROCK RANCH RD   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)493-2626       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160132

ANDREA DAHLMAN LEWKOWITZ
BLUESTAR RESORT & GOLF LLC
TRILOGY AT WICKENBERG RANCH
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130022         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: TRILOGY AT WICKENBERG RANCH   ___________________
          3312 MAVERICK DR              ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (480)367-3610       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160133

FRANK CHARLES MOLINA
LUCKY'S BBQ & BURGERS
171 S STATE ROUTE 69 #E
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133646         Renew? ______Yes_____No
Status:   Active           Status Date:     4/4/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LUCKY'S BBQ & BURGERS         _________________
          171 S STATE ROUTE 69 #E       _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)632-0077       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160134

KRYSTAL KAY BURGE
PRESCOTT OFFICE LLC
OFFICE CANTINA
P O BOX 3839
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133226         Renew? ______Yes_____No
Status:   Active           Status Date:     4/28/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             ___________________
Location: OFFICE CANTINA                ___________________
          128 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-1211       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160135

GEORGE L HANSEN
KEARNY GOLF CLUB INC
KEARNY GOLF CLUB
P O BOX 927
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110006         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE L HANSEN               ___________________
Location: KEARNY GOLF CLUB              ___________________
          301 AIRPORT RD                ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-7441       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160136

CYNTHIA MICHELLE MC CRAE
OLD STAGE PROPERTIES LLC
OLD STAGE STOP
4155 W OUTER LOOP RD
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133175         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CYNTHIA MICHELLE MC CRAE      ___________________
Location: OLD STAGE STOP                ___________________
          4155 W OUTERLOOP RD           ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)445-7699       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160137

SANDRA LEE BAKER
G & S CROWN KING CAFE LLC
CROWN KING GENERAL STORE
P O BOX 427
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133267         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANDRA LEE BAKER              ___________________
Location: CROWN KING GENERAL STORE      ___________________
          7251 MAIN ST                  ___________________
          CROWN KING, AZ 86343          ___________________
Business Phone:     (928)632-7911       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160138

MARIA GRACIA FIORDILINO
JABVM LLC
BROOKLYN BOYS PIZZERIA AND RESTAURANT
20800 N JOHN WAYNE PKWY
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113126         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA GRACIA FIORDILINO       ___________________
Location: BROOKLYN BOYS PIZZERIA AND RESTAURANT___________________
          20800 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:     (520)868-6800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160139

EUNICE YONG LEE
SAY SUSHI
21101 N JOHN WAYNE PKWY #103
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113187         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SAY SUSHI                     _________________
          21101 N JOHN WAYNE PKWY #103   __________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)494-2233       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160140

MARGARET ANN MC ALPINE
ROBERT FULTON POST #57 INC
ROBERT FULTON POST 57
PO BOX 45
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARGARET ANN MC ALPINE        ___________________
Location: ROBERT FULTON POST 57         ___________________
          47006 N 3RD ST                ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (928)637-2254       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160141

KENT DAVID BRO
BRO RETAIL GROUP INC
4 SONS FOOD STORE #505
14644 N 74TH ST STE 101
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113043         Renew? ______Yes_____No
Status:   Active           Status Date:     12/7/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENT DAVID BRO                _________________
Location: 4 SONS FOOD STORE #505        _________________
          75 E 29TH AVE                 _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (480)948-8955       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113044         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENT DAVID BRO                _________________
Location: 4 SONS FOOD STORE #501        _________________
          1633 W SUPERSTITION BLVD      _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (520)982-5222       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160142

AMRISHKUMAR VITHALBHAI PATEL
CORTEZ STREET INVESTMENTS LLC
HOTEL VENDOME
P O BOX 713
CAREFREE AZ 85377

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130023         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMRISHKUMAR VITHALBHAI PATEL  __________________
Location: HOTEL VENDOME                 __________________
          230 S CORTEZ ST               __________________
          PRESCOTT, AZ 86303            __________________
Business Phone:     (928)776-0900       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160143

SCOTT B CLORAN
UNITED ENTERTAINMENT LLC
THIRSTY DONKEY TAP HOUSE & SPORTS GRILL
17623 N AVELINO DR
MARICOPA AZ 85138

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110066         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT B CLORAN                _________________
Location: THIRSTY DONKEY TAP HOUSE & SPORTS GRILL_________________
          1601 E FLORENCE BLVD          _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)788-6390       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160144

MARTIN J WEBER
WEBER CORPORATION
WEBER'S IGA FOOD & DRUG
PO BOX 21059
SEDONA AZ 86341-1059

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN J WEBER                _________________
Location: WEBER'S IGA FOOD & DRUG       _________________
          100 VERDE VALLEY SCHOOL RD    _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-1144       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160145

BRIAN DAVID ALCORN
PALEO BRIO CAFE LLC
PALEO BRIO CAFE
1650 W SR 89A STE A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133652         Renew? ______Yes_____No
Status:   Active           Status Date:     6/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN DAVID ALCORN            ___________________
Location: PALEO BRIO CAFE               ___________________
          1650 W SR 89A STE A           ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)862-4202       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160146

DAVID ANDREW ZOOK
LUCYS PLACE LLC
LUCYS PLACE
PO BOX 2287
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130065         Renew? ______Yes_____No
Status:   Active           Status Date:     12/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ANDREW ZOOK             _________________
Location: LUCYS PLACE                   _________________
          3020 N HWY 89                 _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-7314       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160147

BARBARA A PREDMORE
ALCANTARA LLC
ALCANTARA VINEYARDS & WINERY
P O BOX 64
COTTONWOOD AZ 86326-0064

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133010         Renew? ______Yes_____No
Status:   Active           Status Date:     10/3/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARBARA A PREDMORE            ___________________
Location: ALCANTARA VINEYARDS & WINERY  ___________________
          3445 S GRAPEVINE WAY          ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8463       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160148

JESUS ALBERTO ZUNIGA GARCIA
LA UNION INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
8280 E SPOUSE DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133331         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   _________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT_________________
          8280 E SPOUSE DR              _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-7014       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160149

CLARE HOLLIE ABEL
DG RETAIL LLC
DOLLAR GENERAL STORE #12042
100 MISSION RIDGE
GOODLETTSVILLE TN 37072

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113235 Renew? _____Yes_____No
Status: Active Status Date: 8/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12042 _____
412 S SUNSHINE BLVD _____
ELOY, AZ 85131 _____
Business Phone: (520)466-1437 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113236 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13396 _____
1797 S ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)233-7294 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113237 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13383 _____
401 N HWY 77 _____
MAMMOTH, AZ 85618 _____
Business Phone: (520)487-0122 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113238 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #10333 _____
2406 W AMERICAN AVE _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-2893 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113239 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #7336 _____
495 N PINAL PKWY AVE STE 10 _____
FLORENCE, AZ 85132 _____
Business Phone: (520)868-5389 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113240 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #10351 _____
9275 W BATTAGLIA DR _____
ARIZONA CITY, AZ 85123 _____
Business Phone: (520)466-6551 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133244 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13047 _____
3150 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)445-0993 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133251 Renew? _____Yes_____No
Status: Active Status Date: 7/8/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12053 _____
408 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-9485 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 10133253 Renew? _____Yes_____No
Status: Active Status Date: 9/6/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13618 _____
3255 E BEAVER CREEK RD _____
RIMROCK, AZ 86335 _____
Business Phone: (928)399-7170 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133254 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #11208 _____
1000 W FINNIE FLAT RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-3773 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133255 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #9943 _____
945 N HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-8087 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133256 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12136 _____
3101 N NAVAJO DR _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-8986 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160150

VICTOR ONG
RVA ONG ENTERPRISE INC
CHENS CHINESE BISTRO
3281 N HUNT HWY #117
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113165         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VICTOR  ONG                   _________________
Location: CHENS CHINESE BISTRO          _________________
          3281 N HUNT HWY #117          _________________
          FLORENCE, AZ 85232            _________________
Business Phone:     (520)723-6333       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160151

EDDIE IMAD RAFEH
AZ ADVENTURE LLC
AJ TOBACCO & LIQUOR
1601 W APACHE TRAIL STE 1
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09115001         Renew? ______Yes_____No
Status:   Active           Status Date:     10/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDDIE IMAD RAFEH              ___________________
Location: AJ TOBACCO & LIQUOR           ___________________
          1601 W APACHE TRAIL STE 1     ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-5383       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160152

LISA DAHL
JUSTIN AND US LLC
CUCINA RUSTICA
7000 HWY 179 126 A
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133229         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: CUCINA RUSTICA                _________________
          7000 HWY 179 SUITE A126       _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-3010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160153

EFREN SAENZ SANTA CRUZ
CAFE JOSE LLC
CAFE JOSE RESTAURANT
2370 W HWY 89A # 1
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133533         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EFREN SAENZ SANTA CRUZ        ___________________
Location: CAFE JOSE RESTAURANT          ___________________
          2370 W HWY 89A # 1&2          ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0299       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160154

JESUS ALBERTO ZUNIGA GARCIA
HERRADURA GOLD INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
991 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133265         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          991 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)775-7014       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160155

RANDY LEE SCHULER
TARA THAI CUISINE 1 LLC
TARA THAI CUISINE
34 BELL ROCK PLAZA
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133317         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY LEE SCHULER             ___________________
Location: TARA THAI CUISINE             ___________________
          34 BELL ROCK PLAZA            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-9167       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160156

H J LEWKOWITZ
LICENSING AZ-WI RANCH LLC
DENIM & DIAMONDS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110060         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/24/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: DENIM & DIAMONDS              _________________
          20585 E PRICE RD              _________________
          FLORENCE, AZ 85232            _________________
Business Phone:     (480)278-9773       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160157

CHRISTINE NICHOLE FOOTE
LULU BELLE'S BBQ LLC
LULU BELLE'S BBQ
P O BOX 16164
BELLEMONT AZ 86015

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133571         Renew? ______Yes_____No
Status:   Active           Status Date:     1/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE NICHOLE FOOTE       _________________
Location: LULU BELLE'S BBQ              _________________
          33 W LEWIS AVE                _________________
          ASHFORK, AZ 86320             _________________
Business Phone:     (928)637-9818       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160158

MADANLAL JAMNADAS PATEL
MARICOPA SHELL LLC
SHELL FOOD MART
P O BOX 669
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113109         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MADANLAL JAMNADAS PATEL       ___________________
Location: SHELL FOOD MART               ___________________
          19680 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-4114       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160159

JOSEPH MICHAEL BECHARD
COTTONTUCKY LLC
CHATEAU TUMBLEWEED
1151 W STATE ROUTE 89A
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133049         Renew? ______Yes_____No
Status:   Active           Status Date:     6/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH MICHAEL BECHARD        ___________________
Location: CHATEAU TUMBLEWEED            ___________________
          1151 W STATE ROUTE 89A        ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)351-1150       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160160

GEORGE IRA ATWELL
SADDLEBROOKE HOMEOWNERS' ASSOCIATION #2 INC
MOUNTAINVIEW COUNTRY CLUB
38759 S MOUNTAINVIEW BLVD
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             _________________
Location: MOUNTAINVIEW COUNTRY CLUB     _________________
          38759 S MOUNTAINVIEW BLVD     _________________
          TUCSON, AZ 85739              _________________
Business Phone:     (520)818-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  12113124         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             _________________
Location: PRESERVE CLUB HOUSE           _________________
          66567 E CATALINA HILLS DR     _________________
          TUCSON, AZ 85739              _________________
Business Phone:     (520)818-1000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160161

CELESTINO SOTO ZUNIGA
MARISCOS MAZATLAN
304 N CAMERON AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113057         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MARISCOS MAZATLAN             _________________
          1150 E FLORENCE BLVD STE 4    _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)316-9082       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160162

CAROLINA A SEPULVEDA
ANTUNEZ-SEPULVEDA CORP
MERCADO Y CARNICERIA EL PIMA
116 N CASA GRANDE AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113115         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLINA A SEPULVEDA          ___________________
Location: MERCADO Y CARNICERIA EL PIMA  ___________________
          116 N CASA GRANDE AVE         ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)426-9332       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160163

KIMBERLY ANN GUETHLE
KG DOG RUN LLC
DOG RUN SALOON
1424 S PARK GROVE CIRCLE
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110070         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY ANN GUETHLE          _________________
Location: DOG RUN SALOON                _________________
          320 W SUPERSTITION BLVD #111/112   __________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)773-1758       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160164

SAMIR SHILAIMON KASHA
PINAL FOOD MARKET LLC
PINAL FOOD MARKET
P O BOX 2217
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110049         Renew? ______Yes_____No
Status:   Active           Status Date:     10/26/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMIR SHILAIMON KASHA         ___________________
Location: PINAL FOOD MARKET             ___________________
          90 N MAIN ST                  ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-5703       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160165

WALTER BRENT KYTE
PIZZA HUT OF ARIZONA INC
PIZZA HUT #31
5902 E PIMA RD
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12111013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT #31                 ___________________
          3720 W TOHONO DR              ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-9407       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160166

ERIC SYLVESTER JURISIN
TAVERN GRILLE INC
TAVERN GRILLE
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133309         Renew? ______Yes_____No
Status:   Active           Status Date:     10/4/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        _________________
Location: TAVERN GRILLE                 _________________
          914 N MAIN STREET             _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-6669       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160167

KAMAL PAMA MULCHANDANI
LUCKY BOB'S LIQUORS LLC
LUCKY BOB LIQUOR
431 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAMAL PAMA MULCHANDANI        ___________________
Location: LUCKY BOB LIQUOR              ___________________
          431 W APACHE TRL              ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-2581       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160168

JUAN ALFREDO LAMAS
SAN MIGUEL LLC
SAN MIGUEL GOLF CLUB
1505 N TOLTEC RD
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110055         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN ALFREDO LAMAS            _________________
Location: SAN MIGUEL GOLF CLUB          _________________
          1505 N TOLTEC RD              _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-7734       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160169

DIEP T TRAN
THREE TRAN PARTNERSHIP
STOP BY
7865 N OVERFIELD RD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113078         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIEP T TRAN                   _________________
Location: STOP BY                       _________________
          OVERFIELD & WOODRUFF RD       _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-5121       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160170

PAMELA JANE NIX
R W CONSULTING LLC
CHAPARRAL BAR
P O BOX 1672
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130033         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAMELA JANE NIX               _________________
Location: CHAPARRAL BAR                 _________________
          325 S MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-2131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160171

PRISCA TY MORELAND
CLARKDALE NEWSTAND LLC
CLARKDALE NEWSTAND
P O BOX 1124
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130084         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PRISCA TY MORELAND            _________________
Location: CLARKDALE NEWSTAND            _________________
          911 N MAIN ST                 _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)634-5191       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160172

STEFANIE ALVIDREZ
STANFIELD RANCH MARKET LLC
STANFIELD RANCH MARKET
P O BOX 249
STANFIELD AZ 85172

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113260         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEFANIE  ALVIDREZ            ___________________
Location: STANFIELD RANCH MARKET        ___________________
          36820 W HWY 84                ___________________
          STANFIELD, AZ 85172           ___________________
Business Phone:     (480)703-4809       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160173

GEOFFREY SHAWN CROOKS
CJ ENTERTAINMENT OF PRESCOTT LLC
FAR FROM FOLSOM
214 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133554         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEOFFREY SHAWN CROOKS         ___________________
Location: FAR FROM FOLSOM               ___________________
          214 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-0203       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160174

ANDREW ANGEL RODRIGUEZ
EL CHICANO GRILL RESTAURANT LLC
EL CHICANO GRILL
11 S MISSION BLVD BLDG #1
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113258         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREW ANGEL RODRIGUEZ        ___________________
Location: EL CHICANO GRILL              ___________________
          109 E 2ND ST                  ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-2554       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160175

EDWARD JOSEPH KIPP
KIPP EDWARD ET AL
WILLOW LAKE RV & CAMPING PARK
2665 W BACA WY
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133019         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD JOSEPH KIPP            ___________________
Location: WILLOW LAKE RV & CAMPING PARK ___________________
          1617 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)445-6311       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160176

FARIS DAVID SUKKAR
SUPERIOR FARMERS MARKET LLC
FARMERS MARKET
460 E ALAMOSA DR
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113217         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FARIS DAVID SUKKAR            ___________________
Location: FARMERS MARKET                ___________________
          798 W HWY 60                  ___________________
          SUPERIOR, AZ 85273            ___________________
Business Phone:     (520)689-5845       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160177

YOUYU CHEN
GRACE BUFFET LLC
GRACE BUFFET
1537 E BOWMAN DR
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113219         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YOUYU  CHEN                   ___________________
Location: GRACE BUFFET                  ___________________
          1677 E FLORENCE BLVD #27      ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-5688       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160178

JESUS MANUEL ALTAMIRANO
POSTON BUTTE GOLF CLUB LLC
POSTON BUTTE GOLF CLUB
16767 N PERIMETER DR ST 100
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110078         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       ___________________
Location: POSTON BUTTE GOLF CLUB        ___________________
          6100 W MERRILL RANCH PARKWAY   ___________________
          FLORENCE, AZ 85232            ___________________
Business Phone:     (520)413-6150       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160179

LEOPOLDO MENDOZA PEREZ
VIKTORIAS NIGHT CLUB
4369 E PINTO DR
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110003         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/10/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VIKTORIAS NIGHT CLUB          _________________
          300 E FRONTIER ST             _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-9000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160180

NICHOLAS CARL GUTTILLA
ARIZONA FOODSERVICE INC
APACHE GREYHOUND PARK
40 FOUNTAIN PLAZA
C/O LICENSING DIVISION
BUFFALO NY 14202

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110027         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: APACHE GREYHOUND PARK         ___________________
          220 S DELAWARE DR             ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (520)982-2371       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160181

HIROMI HASHIMOTO
HAPPI ONE LLC
HIRO'S SUSHI AND JAPANESE KITCHEN
1312 S PLAZA WY
FLAGSTAFF AZ 86001

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133531         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HIROMI  HASHIMOTO             ___________________
Location: HIRO'S SUSHI AND JAPANESE KITCHEN___________________
          1730 W HWY 89A #6             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160182

GARY S BIRKETT
BIRKETT GARY JTWROS
OLD TIME PIZZA
P O BOX 1217
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY S BIRKETT                _________________
Location: OLD TIME PIZZA                _________________
          370 ALDEN RD                  _________________
          KEARNY, AZ 85137              _________________
Business Phone:     (520)363-5523       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160183

MORRIS C RICHARDS
MI AMIGO RICARDO INC
MI AMIGO RICARDO
821 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110043         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MORRIS C RICHARDS             ___________________
Location: MI AMIGO RICARDO              ___________________
          821 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-3858       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160184

H J LEWKOWITZ
ROCK SPRINGS GAS DEPOT LLC
ROCK SPRINGS GAS DEPOT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133241         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ROCK SPRINGS GAS DEPOT        ___________________
          I-17 EXIT 242 STAGE 1         ___________________
          ROCK SPRINGS, AZ 85324        ___________________
Business Phone:     (623)374-9243       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160185

BARBARA ANN HAMILTON
PLACE
P O BOX 689
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130025         Renew? ______Yes_____No
Status:   Active           Status Date:     3/23/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PLACE                         _________________
          22593 S HIGHWAY 89            _________________
          YARNELL, AZ 85362             _________________
Business Phone:     (928)427-6306       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160186

DANIEL VINCENT DUNN
DL ENTERPRISES LLC
BLACK CAT BUFFET
PO BOX 338
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130004         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL VINCENT DUNN           _________________
Location: BLACK CAT BUFFET              _________________
          114 W CHINO                   _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-3451       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160187

LUISA JUI MING FOSTER
MLD SUNRISE LLC
SUNRISE CAFE
20917 N JOHN WAYNE PKWY #A 103 104
MARICOPA AZ 85138

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113221         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUISA JUI MING FOSTER         _________________
Location: SUNRISE CAFE                  _________________
          20917 N JOHN WAYNE PKWY #A 103-104   _________________
          MARICOPA, AZ 85138            _________________
Business Phone:     (520)568-9098       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160188

SANG THI TRAN
TRAN SANG JTWROS
STOP BY
15702 W JIMMIE KERR BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113063         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANG THI TRAN                 _________________
Location: STOP BY                       _________________
          15702 W JIMMIE KERR BLVD      _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-5154       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160189

ZITA ROSA BRINK
LYNX LAKE STORE & BOAT RENTALS
4505 E FOREST SERVICE RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130060         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: LYNX LAKE STORE & BOAT RENTALS___________________
          WALKER RD                     ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-0720       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160190

SUSAN DOBBS WELCH
SILVER BULLET BAR LLC
SILVER BULLET
9555 HILLWOOD DR 2 FL
LAS VEGAS NV 89134

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110048         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN DOBBS WELCH             _________________
Location: SILVER BULLET                 _________________
          1401 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (402)473-6190       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160191

LEOPOLDO MENDOZA PEREZ
VIKTORIAS NIGHT CLUB LLC
VIKTORIAS NIGHT CLUB
4369 E PINTO DR
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110057         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEOPOLDO  MENDOZA PEREZ       _________________
Location: VIKTORIAS NIGHT CLUB          _________________
          300 E FRONTIER ST             _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-9000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160192

MARK ANTHONY LE LUSCHE
STEAK N STUFF RESTAURANT & TAVERN LLC
STEAK N STUFF RESTAURANT & TAVERN
P O BOX 2335
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133645         Renew? ______Yes_____No
Status:   Active           Status Date:     3/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ANTHONY LE LUSCHE        ___________________
Location: STEAK N STUFF RESTAURANT & TAVERN___________________
          1100 STATE RTE 260 #21        ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-1404       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160193

ARNULFO M GARCIA
GARCIA ARNULFO ET AL
OCHOA'S RESTAURANT
512 E COTTONWOOD LN
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110031         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARNULFO M GARCIA              ___________________
Location: OCHOA'S RESTAURANT            ___________________
          512 E COTTONWOOD LN           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9867       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160194

REXFORD JASON MOFFETT
POV FOODS GR01
BILL'S GRILL
P O BOX 2159
LITCHFIELD PARK AZ 85340

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133622         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REXFORD JASON MOFFETT         ___________________
Location: BILL'S GRILL                  ___________________
          333 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)237-9138       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160195

KEVIN BHRETT SAVAGE
HUNGRY SAVAGE LLC
MINE CAFE
P O BOX 234
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133629         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN BHRETT SAVAGE           _________________
Location: MINE CAFE                     _________________
          115 JEROME AVE                _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)639-0123       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160196

WILLIAM PATRICK DUNN
MINGUS MOUNTAIN POST #10227 VETERANS OF FOREIGN WARS OF US
VFW POST #10227
2375 N 5TH ST
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133011         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM PATRICK DUNN          ___________________
Location: VFW POST #10227               ___________________
          2375 N 5TH ST                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-0095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160197

CHONG H LEE
LEE'S ETAL
MILOS LIQUOR
201 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHONG H LEE                   __________________
Location: MILOS LIQUOR                  __________________
          13426 S SUNLAND GIN ROAD      __________________
          ARIZONA CITY, AZ 85223        __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160198

STEVEN KEITH HALLUM
HJM ENTERPRISES
QUICK TRIP
P O BOX 55
WILLIAMS AZ 86046

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10131053         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN KEITH HALLUM           ___________________
Location: QUICK TRIP                    ___________________
          1208 HWY 260                  ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)635-1336       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160199

ANDREA DAHLMAN LEWKOWITZ
PILOT TRAVEL CENTERS LLC
PILOT TRAVEL CENTER #458
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113088         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: PILOT TRAVEL CENTER #458      ___________________
          619 S SUNSHINE BLVD           ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-7550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113205         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: FLYING J TRAVEL PLAZA #609    ___________________
          16189 S SUNSHINE BLVD STE B   ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-9204       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160200

BRET ROLLISON HONE
MOUNTAIN AIRE MINI MART
P O BOX 85
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133297         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MOUNTAIN AIRE MINI MART       _________________
          19364 HWY 89                  _________________
          YARNELL, AZ 85362             _________________
Business Phone:     (928)427-6459       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160201

HENG LIN
TENG & LIN LLC
CHI'S CUISINE
114 N CORTEZ ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133416         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HENG  LIN                     _________________
Location: CHI'S CUISINE                 _________________
          114 N CORTEZ ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-5390       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160202

ANDREA DAHLMAN LEWKOWITZ
SEVEN CANYONS MANAGEMENT LLC
CLUB AT SEVEN CANYONS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130044         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: CLUB AT SEVEN CANYONS         __________________
          625 GOLF CLUB WAY             __________________
          SEDONA, AZ 86336              __________________
Business Phone:     (928)203-2000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160203

JOAN R SANDOVAL
SC & S INVESTMENT CORP
LA CANTINA COCKTAIL LOUNGE
P O BOX 193
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110068         Renew? ______Yes_____No
Status:   Active           Status Date:     3/16/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAN R SANDOVAL               ___________________
Location: LA CANTINA COCKTAIL LOUNGE    ___________________
          382 ALDEN RD                  ___________________
          KEARNY, AZ 85137              ___________________
Business Phone:     (520)363-5161       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160204

SOONBOK LEE RYU
SOON & J ENTERPRISES INC
BLUE RIDGE MARKET
P O BOX 867
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130031         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SOONBOK LEE RYU               ___________________
Location: BLUE RIDGE MARKET             ___________________
          210 S HWY 69                  ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)632-7278       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160205

NICHOLAS CARL GUTTILLA
SAFEWAY INC
SAFEWAY #1706
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110025 Renew? _____Yes_____No
Status: Active Status Date: 2/4/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1706 _____
1637 N TREKELL RD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)421-7447 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110028 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1732 _____
1449 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)723-5300 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110030 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #253 _____
3185 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)982-6120 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110042 Renew? _____Yes_____No
Status: Active Status Date: 9/14/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2835 _____
3325 N HUNT HWY _____
FLORENCE, AZ 85232 _____
Business Phone: (520)723-0179 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130007 Renew? _____Yes_____No
Status: Active Status Date: 3/18/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1055 _____
7720 E HWY 69 _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-6125 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130019 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #274 _____
450 WHITE SPAR RD _____
PRESCOTT, AZ 86303 _____
Business Phone: (928)778-3086 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130021 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2052 _____
1635 E COTTONWOOD ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-3711 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130022 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1989
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1207 _____
2300 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)282-0118 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

```
     Total:                              120.00

--------------------------------------------------------------------------------
License#  09130023         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: SAFEWAY #245                  ___________________
          1044 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-4550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

--------------------------------------------------------------------------------
License#  09130030         Renew? ______Yes_____No
Status:   Active           Status Date:     1/11/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: SAFEWAY #1747                 ___________________
          1031 N STATE ROUTE 89         ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-8358       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

--------------------------------------------------------------------------------
License#  10113147         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: SAFEWAY FUEL #2835            ___________________
          3313 N HUNT HWY               ___________________
          FLORENCE, AZ 85232            ___________________
Business Phone:     (520)723-0179       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160206

JAMES ELLIOTT BUSHNELL
FRED NACKARD WHOLESALE BEVERAGE CO INC
FRED NACKARD WHOLESALE BEVERAGE COMPANY
4880 E RAILHEAD AVE
FLAGSTAFF AZ 86004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04133009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ELLIOTT BUSHNELL        ___________________
Location: FRED NACKARD WHOLESALE BEVERAGE COMPANY___________________
          7201 N COUNTY FAIR TR         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)778-5373       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160207

ERIC SYLVESTER JURISIN
PALACE CORP
JEROME PALACE - HAUNTED HAMBURGER
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133089         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        ___________________
Location: JEROME PALACE - HAUNTED HAMBURGER___________________
          410 E CLARK ST                ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (520)634-0554       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160208

KEVIN ARNOLD KRAMBER
PINAL HOTEL AZ 1 LLC
GREEN TREE INN & SUITES
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07113002         Renew? ______Yes_____No
Status:   Pending          Status Date:     4/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          _________________
Location: GREEN TREE INN & SUITES       _________________
          240 W HWY 287                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-9900       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160209

SANG MAN KIM
KIM & JUN LLC
PRESCOTT QUICK STOP
447 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133258         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANG MAN KIM                  ___________________
Location: PRESCOTT QUICK STOP           ___________________
          447 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-1061       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160210

LORRAINE GLAESER
STREETS OF NEW YORK INC
STREETS OF NEW YORK
11811 N TATUM BLVD #P180
PHOENIX AZ 85028

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133066         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORRAINE  GLAESER             _________________
Location: STREETS OF NEW YORK           _________________
          150 E SHELDON ST              _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)708-0707       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133234         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORRAINE  GLAESER             _________________
Location: STREETS OF NEW YORK           _________________
          7024 E FLORENTINE RD #120     _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)759-9877       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160211

RICHARD D MURPHY
MURPHY DEVELOPMENT INC
MURPHYS SHELL & FOOD MART
P O BOX 396
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133070         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD D MURPHY              ___________________
Location: MURPHYS SHELL & FOOD MART     ___________________
          I-40 W OF                     ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (520)637-2580       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160212

TIMOTHY JOSEPH HIVELY
WONDER BAR INC
WONDER BAR
310 W 2ND ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110036         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY JOSEPH HIVELY         ___________________
Location: WONDER BAR                    ___________________
          310 W 2ND ST                  ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-9987       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160213

CLIFF JEFFREY PETROVSKY
PLAZA VIEW BALLROOM LLC
PLAZA VIEW BALLROOM/OLD CAPITOL MARKET
424 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130002         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLIFF JEFFREY PETROVSKY       _________________
Location: PLAZA VIEW BALLROOM/OLD CAPITOL MARKET_________________
          120 W GURLEY ST STE A,B,M     _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)925-6521       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160214

LUCAS G SENA
A TASTE OF MARRAKECH LLC
A TASTE OF MARRAKECH
45 NAVAJO RD
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  12133614         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUCAS G SENA                  ___________________
Location: A TASTE OF MARRAKECH          ___________________
          25 BELL ROCK PLAZA STE C      ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4365       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160215

EVA B ENCINAS
EDWARDO'S PIZZERIA LLC
EDWARDO'S PIZZERIA
219 S SMITH DR
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA B ENCINAS                 _________________
Location: EDWARDO'S PIZZERIA            _________________
          701 BELMONT AVE               _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-2628       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160216

JEANNIE ELIZABETH TENNANT
RIOT IN OLD TOWN LLC
RIOT IN OLD TOWN
777 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133618         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNIE ELIZABETH TENNANT     ___________________
Location: RIOT IN OLD TOWN              ___________________
          777 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160217

ROBERT ROY DEL COTTO
SOPHIA & ROB ENTERPRISES LLC
ROB'S CONVENIENCE STORE
49237 W PAPAGO RD #001
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113202         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ROY DEL COTTO          ___________________
Location: ROB'S CONVENIENCE STORE       ___________________
          49237 W PAPAGO RD #001        ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-2550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160218

SHARLA DINE MORTIMER
HAYDEN TREE FARMS INC
MORTIMER FARMS
3166 WILLOW CREEK RD
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133292         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHARLA DINE MORTIMER          ___________________
Location: MORTIMER FARMS                ___________________
          12907 E STATE ROUTE 169       ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)830-1116       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160219

JOSE ANGEL MORENO
MORENO'S MEXICAN GRILL LLC
MORENOS MEXICAN GRILL
85 W COMBS RD #104
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113190         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE ANGEL MORENO             _________________
Location: MORENOS MEXICAN GRILL         _________________
          85 W COMBS RD                 _________________
          QUEEN CREEK, AZ 85240         _________________
Business Phone:     (480)358-4642       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160220

MUN HOH YAM
KAWAN INC
MING HOUSE
P O BOX 4640
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133087         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MUN HOH YAM                   _________________
Location: MING HOUSE                    _________________
          288 S MAIN ST                 _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-9488       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160221

ROBERTO AVELAR
MILEY'S CAFE LLC
MILEY'S CAFE
7000 HWY 179 STE A-108
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133565         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERTO  AVELAR               _________________
Location: MILEY'S CAFE                  _________________
          7000 HWY 179 STE A-108        _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-4123       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160222

PEARL PARDEE
THAI SPICES NATURAL INC
THAI SPICES NATURAL CUISINE OF THAILAND
195 SOLDIERS PASS RD
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133567         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEARL  PARDEE                 _________________
Location: THAI SPICES NATURAL CUISINE OF THAILAND_________________
          2611 W HWY 89A                _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-0599       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160223

SPENCER DANIEL BELL
ELCOR LLC
SAN TAN FLAT
6185 W HUNT HWY
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110026         Renew? ______Yes_____No
Status:   Active           Status Date:     2/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SPENCER DANIEL BELL           ___________________
Location: SAN TAN FLAT                  ___________________
          6185 W HUNT HWY               ___________________
          QUEEN CREEK, AZ 85142         ___________________
Business Phone:     (480)882-2995       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160224

EDDIE VAL VALDEZ
ELVIRA'S MEXICAN RESTAURANT LLC
ELVIRA'S MEXICAN RESTAURANT
264 S PHELPS DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110032         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDDIE VAL VALDEZ              ___________________
Location: ELVIRA'S MEXICAN RESTAURANT   ___________________
          1520 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-9916       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113213         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDDIE VAL VALDEZ              ___________________
Location: ELVIRA'S MEXICAN RESTAURANT   ___________________
          1520 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-9916       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160225

MICHAEL WARREN PEARCE
OAK CREEK VINEYARDS & WINERY INC
OAK CREEK VINEYARDS & WINERY
1555 N PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133006         Renew? ______Yes_____No
Status:   Active           Status Date:     10/26/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL WARREN PEARCE         ___________________
Location: OAK CREEK VINEYARDS & WINERY  ___________________
          1555 N PAGE SPRINGS RD        ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-0290       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160226

TOMMY LUTHER MEREDITH
I M PRESCOTT CO
JERSEY LILLY SALOON
116 S MONTEZUMA
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130076         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TOMMY LUTHER MEREDITH         ___________________
Location: JERSEY LILLY SALOON           ___________________
          116 S MONTEZUMA               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)541-7854       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160227

TODD JASON COLES
COLES-CATALAN LLC
BEAVER CREEK GAS MART
P O BOX 435
3675 E BEAVER CREEK RD
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133289         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TODD JASON COLES              ___________________
Location: BEAVER CREEK GAS MART         ___________________
          3675 E BEAVER CREEK RD        ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)592-0300       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160228

BRUCE ROBERT BARRO
A & D PIZZA INC
BARRO'S PIZZA
633 E RAY RD #116
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113157         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE ROBERT BARRO            _________________
Location: BARRO'S PIZZA                 _________________
          2436 E HUNT HWY               _________________
          SAN TAN VALLEY, AZ 85143      _________________
Business Phone:     (480)457-1117       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12113231         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE ROBERT BARRO            _________________
Location: BARRO'S PIZZA                 _________________
          2820 N PINAL AVE #1           _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)836-6900       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160229

ANDREA DAHLMAN LEWKOWITZ
CAPITAL CANYON CLUB LLC
CAPITAL CANYON GOLF CLUB
2600 N CENTRAL AVE STE#1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133012         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CAPITAL CANYON GOLF CLUB      ___________________
          2060 GOLF CLUB LN             ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0009       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160230

FRANK ADAM CUDA
REUNION CAMP JUNIPERWOOD RANCH WINERY
7775 W STOCKMEN RD
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133012         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: REUNION CAMP JUNIPERWOOD RANCH WINERY___________________
          7775 W STOCKMEN RD            ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (602)626-0316       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160231

LAREE ANN RANDLE
WICKED CITY BREW LLC
WICKED CITY BREW TAP & CORK
P O BOX 1173
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130076         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAREE ANN RANDLE              _________________
Location: WICKED CITY BREW TAP & CORK   _________________
          403 CLARK ST #A3              _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)649-0512       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160232

ROBIN TRACY WILBER
CRADD LLC
QUICK COUNTRY STORE
4100 WESTERN DR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133290         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBIN TRACY WILBER            ___________________
Location: QUICK COUNTRY STORE           ___________________
          4100 WESTERN DR               ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)646-6066       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133291         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBIN TRACY WILBER            ___________________
Location: #1 FOOD STORE                 ___________________
          755 W HWY 89A                 ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)451-6514       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160233

DEBORAH L WOHLE
LUCKY STRIKES
1985 W APACHE TRAIL UNIT #2
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110003         Renew? ______Yes_____No
Status:   Active           Status Date:     6/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LUCKY STRIKES                 _________________
          1985 W APACHE TRAIL #2        _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)646-1422       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160234

MARY VICTORIA HOADLEY
COSANTI ORIGINALS INC
CAFE AT ARCOSANTI
HC 74 BOX 4136
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130044         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY VICTORIA HOADLEY         ___________________
Location: CAFE AT ARCOSANTI             ___________________
          I-17 & CORDES JCT             ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)632-7135       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160235

SHABIR MEHBOOB PATHARI
VALLEY MARKET
970 N DELWARE DR STE 2
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113250         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VALLEY MARKET                 _________________
          970 N DELAWARE DR #2          _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)983-3215       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160236

ALVIN J REED
OASIS LOUNGE
P O BOX 1
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130056         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OASIS LOUNGE                  _________________
          346 PARK AVE                  _________________
          ASH FORK, AZ 86320            _________________
Business Phone:     (928)637-2650       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160237

STEPHEN WILLIAM TURNER
BOLLIS INC
STROMBOLLI'S RESTAURANT & PIZZERIA
P O BOX 490
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133214         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN WILLIAM TURNER        _________________
Location: STROMBOLLI'S RESTAURANT & PIZZERIA_________________
          321 S MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-3838       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160238

PHYLLIS CANDACE CLINE
CIEZE LLC
HEARTLINE CAFE
1610 W STATE ROUTE 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130015         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHYLLIS CANDACE CLINE         ___________________
Location: HEARTLINE CAFE                ___________________
          1610 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0785       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160239

MICHAEL TODD MC CULLOCH
ROUTE 66 ROADRUNNER LLC
ROUTE 66 ROADRUNNER
P O BOX 805
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133515         Renew? ______Yes_____No
Status:   Active           Status Date:     5/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL TODD MC CULLOCH       _________________
Location: ROUTE 66 ROADRUNNER           _________________
          22330 W OLD HIGHWAY 66        _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)232-2004       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160240

WILLIAM KENNETH SMOOT
PRESCOTT WINERY LLC
PRESCOTT WINERY
216 N ALARCON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133034         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM KENNETH SMOOT         ___________________
Location: PRESCOTT WINERY               ___________________
          216 N ALARCON ST              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)350-8467       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160241

DANIEL MAYNARD KEELING
DANIEL & JOHN KEELING PARTNERSHIP
COTTON BOWL LANES
1740 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110072         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL MAYNARD KEELING        ___________________
Location: COTTON BOWL LANES             ___________________
          1740 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-7304       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160242

LAUREN KAY MERRETT
MAVERIK INC
MAVERIK
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09130006 Renew? _____Yes_____No
Status: Active Status Date: 11/28/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
1344 N PRESCOTT COUNTRY CLUB BLVD _____
PRESCOTT VALLEY, AZ 86327 _____
Business Phone: (928)759-7334 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130015 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
3576 N GLASSFORD HILL RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-1126 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130043 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
690 W HWY 89A _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)649-0713 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130049 Renew? _____Yes_____No
Status: Active Status Date: 6/11/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
1060 W HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-3025 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10133111         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: MAVERIK                       ___________________
          541 W FINNIE FLATS RD         ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7373       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160243

DEV R BASNET
1571 SHELL
1571 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113111         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: 1571 SHELL                    ___________________
          1571 W APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-6326       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160244

JACK DARRELL LOWE
WOODY'S ENTERPRISES LTD
WOODY'S #00110
580 W WICKENBURG WAY
WICKENBURG AZ 85390

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10130027 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00110 _____
501 COPPER BASIN RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10131009 Renew? _____Yes_____No
Status: Active Status Date: 9/1/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00113 _____
7849 E HWY 69 #A _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (520)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133011 Renew? _____Yes_____No
Status: Active Status Date: 3/15/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S FOOD STORE #133 _____
1253 IRON SPRINGS _____
PRESCOTT, AZ 86301 _____
Business Phone: (602)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160245

LISA MARIE DEPALMA
AJ'S FAIRWAYS GRILLE INC
AJ'S FAIRWAYS GRILLE
8893 RAINIER DR
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113224         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MARIE DEPALMA            ___________________
Location: AJ'S FAIRWAYS GRILLE          ___________________
          6900 E HWY 60 #107 & 108      ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)288-9895       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160246

JOSE LUIS BAUTISTA
AZTECA MARKET LLC
AZTECA MARKET
8116 E SPOUSE DR #B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133188         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS BAUTISTA            ___________________
Location: AZTECA MARKET                 ___________________
          8116 SPOUSE DR # B            ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-5566       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160247

IGNACIO MORENO MESA
CLEAR CREEK VINEYARD & WINERY LLC
CLEAR CREEK VINEYARD & WINERY
4053 E HWY 260
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IGNACIO MORENO MESA           ___________________
Location: CLEAR CREEK VINEYARD & WINERY ___________________
          4053 E HWY 260                ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (602)859-7418       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160248

KEVIN ARNOLD KRAMBER
BOSTCG LLC
BOSTON'S RESTAURANT & SPORTS BAR
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113260         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          _________________
Location: BOSTON'S RESTAURANT & SPORTS BAR_________________
          804 N CACHERIES CT            _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)251-5196       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160249

MAX H TANNER
TIERRA GRANDE GOLF
813 W CALLE ROSA
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110025         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TIERRA GRANDE GOLF            _________________
          813 W CALLE ROSA              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)723-9717       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160250

FRANCIS FREDERICK ZELLER
RUIZ MARINA
5405 N APACHE TRL HWY 88
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110048         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: RUIZ MARINA                   ___________________
          5405 N APACHE TRL HWY 88      ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-2653       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160251

HYON HWAN LEE
MILO'S LIQUOR
201 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110073         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MILO'S LIQUOR                 _________________
          201 E 2ND ST                  _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-5150       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09115002         Renew? ______Yes_____No
Status:   Active           Status Date:     2/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LEES LIQUOR                   _________________
          22186 E CAMINO CORREO         _________________
          RED ROCK, AZ 85245            _________________
Business Phone:     (520)705-1964       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160252

ERIC SYLVESTER JURISIN
NIC'S STEAK & CRAB HOUSE CORPORATION
NIC'S STEAK & CRAB HOUSE
PO BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133210         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        _________________
Location: NIC'S STEAK & CRAB HOUSE      _________________
          925 MAIN ST                   _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160253

KIMBERLY PATRICE KOMARA
CASA SEDONA INN INC
CASA SEDONA INN
55 HOZONI DR
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133035         Renew? ______Yes_____No
Status:   Active           Status Date:     3/9/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY PATRICE KOMARA       ___________________
Location: CASA SEDONA INN               ___________________
          55 HOZONI DRIVE               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-2938       __________
% 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

RH160254

RANDALL JOHN BONNEVILLE
BONN-FIRE LLC
BONN-FIRE CHILLIN & GRILLIN
1667 S HWY 89
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133356         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL JOHN BONNEVILLE       ___________________
Location: BONN-FIRE CHILLIN & GRILLIN   ___________________
          1667 S HWY 89                 ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-7410       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160255

PATRICK TIMOTHY O'BRIEN
TAYLOR O'BRIEN LLC
HOOLIGAN'S PUB
8715 N LIVE OAK DR
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK TIMOTHY O'BRIEN       ___________________
Location: HOOLIGAN'S PUB                ___________________
          112 S MONTEZUMA UPSTAIRS      ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)771-0997       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160256

WALJEET SINGH HUNDAL
AKTRON LLC
GOLDFIELD CHEVRON
3265 S GOLDFIELD RD
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113171         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALJEET SINGH HUNDAL          ___________________
Location: GOLDFIELD CHEVRON             ___________________
          3265 S GOLDFIELD RD           ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)288-6640       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160257

JUVENTINO QUIROZ
T&M PIZZA OF COOLIDGE
380 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12111029         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: T&M PIZZA OF COOLIDGE         _________________
          380 S ARIZONA BLVD            _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-3863       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160258

KIMBERLY JO SUTHERLAND
MOUNTAIN HIGH FLOWERS LLC
MOUNTAIN HIGH FLOWERS
3000 W STATE RT 89A #100
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133268         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY JO SUTHERLAND        ___________________
Location: MOUNTAIN HIGH FLOWERS         ___________________
          3000 W STATE RT 89A #100      ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-4211       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160259

JAMES CHAEBUNG CHUNG
GB3 LLC
NEW ISLAND LIQUOR
814 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113214         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES CHAEBUNG CHUNG          _________________
Location: NEW ISLAND LIQUOR             _________________
          814 N PINAL AVE               _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)426-3601       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160260

H J LEWKOWITZ
TRADER JOE'S COMPANY
TRADER JOE'S #283
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133238         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: TRADER JOE'S #283             _________________
          252 LEE BLVD                  _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160261

ART F ELEID
FOREST VILLAS INN II LLC
FOREST VILLAS HOTEL
3645 LEE CIR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130061         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ART F ELEID                   _________________
Location: FOREST VILLAS HOTEL           _________________
          3645 LEE CIR                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)717-1200       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160262

AMY S NATIONS
LOS GRINGOS LOCOS INC
LOS GRINGOS LOCOS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113069         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 __________________
Location: LOS GRINGOS LOCOS             __________________
          280 S PHELPS DR               __________________
          APACHE JUNCTION, AZ 85220     __________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160263

MUY YENG
CANYON FOOD MART LLC
CANYON FOOD MART
1000 E OLD WEST HWY
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113184         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MUY  YENG                     _________________
Location: CANYON FOOD MART              _________________
          1000 E OLD WEST HWY           _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (520)481-2811       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160264

DEBRA JEAN SNOW-SQUADERE
DOUBLE DIP LLC
SCUTTLEBUTTS
713 N 106TH STREET
MESA AZ 85207

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA JEAN SNOW-SQUADERE      ___________________
Location: SCUTTLEBUTTS                  ___________________
          1200 W APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-3188       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160265

JAMES J SHORTINA
SUNDOWNER
P O BOX 1787
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12130036         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SUNDOWNER                     _________________
          NAVAJO DR #37 SOUTHWEST CENTER   _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (520)282-1858       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160266

JAMES WESLEY JOHNSON
V F W #9399
V F W #9399
P O BOX 1037
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110016         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES WESLEY JOHNSON          __________________
Location: V F W #9399                   __________________
          133 N SAGUARO DR              __________________
          APACHE JUNCTION, AZ 85220     __________________
Business Phone:     (480)982-5039       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160267

ESTHER A VIDAL
MOROLLOQUI DELIA ET AL
LA ROCA NIGHT CLUB
4800 N SCOTTSDALE RD STE 2900
C/O TITLA & PARSI PLLC
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110065         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ESTHER A VIDAL                _________________
Location: LA ROCA NIGHT CLUB            _________________
          MARICOPA & HONEYCUTT RDS      _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-9964       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160268

LINDA GAIL NOVAK
D'VINO LLC
D'VINO
109 GROVE AVE
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133298         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA GAIL NOVAK              ___________________
Location: D'VINO                        ___________________
          109 GROVE AVE                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)777-0444       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160269

JERRY EUGENE BURGESS
MOOSE LODGE #2039
MOOSE LODGE #2039
P O BOX 941
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110020         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY EUGENE BURGESS          _________________
Location: MOOSE LODGE #2039             _________________
          350 W 16TH AVE                _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)982-2828       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160270

RANDY ALLEN ROBERTSON
SHERANDY LLC
ROSATIS PIZZA
6900 E US 60
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113234         Renew? ______Yes_____No
Status:   Active           Status Date:     7/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY ALLEN ROBERTSON         ___________________
Location: ROSATIS PIZZA                 ___________________
          6900 EAST US 60               ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-7400       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160271

DENISE LEANN MORAGA
SUTLERS STEAKHOUSE
564 S MAIN ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133607         Renew? ______Yes_____No
Status:   Active           Status Date:     3/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SUTLERS STEAKHOUSE            _________________
          564 S MAIN ST                 _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-7572       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160272

ERIC SYLVESTER JURISIN
CREMA OLD TOWN LLC
CREMA CAFE
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133643         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        _________________
Location: CREMA CAFE                    _________________
          917 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)649-5785       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160273

ANNE KATHLEEN CONLIN
SPIRIT ROOM LLC
SPIRIT ROOM
P O BOX 155
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130013         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANNE KATHLEEN CONLIN          _________________
Location: SPIRIT ROOM                   _________________
          166 MAIN ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-8809       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160274

RODNEY FLETCHER SNAPP
JAVELINA LEAP VINEYARD & WINERY LLC
JAVELINA LEAP ESTATE VINEYARDS
1565 N PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133009         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODNEY FLETCHER SNAPP         ___________________
Location: JAVELINA LEAP ESTATE VINEYARDS___________________
          1565 PAGE SPRINGS RD          ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)274-0394       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160275

LYNNETTE HANDLEY FUSARO
FILLYS ROADHOUSE INC
FILLY'S ROADHOUSE
1615 N APACHE TRAIL
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110032         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNNETTE HANDLEY FUSARO       ___________________
Location: FILLY'S ROADHOUSE             ___________________
          1615 N APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)671-3056       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160276

DAT VAN LE
COOLIDGE MARKET
375 W COOLIDGE AVE
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110008         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: COOLIDGE MARKET               _________________
          375 W COOLIDGE AVE            _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-4933       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160277

PAULA MARIE FARLEY
XHALE CONVENIENCE LLC
MARIO'S
7527 CLEAR SKY TR
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133265         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAULA MARIE FARLEY            ___________________
Location: MARIO'S                       ___________________
          8182 E SPOUSE DR              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-9971       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160278

ERLINDA D JEHL
JEHL HOOSIER CAFE LLC
LINDA'S HOOSIER CAFE II
1509 W ST THOMAS DR
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113249         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERLINDA D JEHL                _________________
Location: LINDA'S HOOSIER CAFE II       _________________
          1535 E OLD WEST HWY           _________________
          APACHE JUNCTION, AZ 85119     _________________
Business Phone:     (480)982-1231       __________
% 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

RH160279

MATTHEW WAYNE MC GREW
MOGIE'S MONGOLIAN GRILL LLC
MOGIE'S MONGOLIAN GRILL
13 GLEN OAKS
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133625         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MATTHEW WAYNE MC GREW         ___________________
Location: MOGIE'S MONGOLIAN GRILL       ___________________
          1385 IRON SPRINGS RD B-1      ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)237-9405       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160280

TONY MICHAEL CORDOVANA
JC RANCH HOLDINGS LLC
WINDMILL HOUSE
PO BOX 3150
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133649         Renew? ______Yes_____No
Status:   Active           Status Date:     4/14/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TONY MICHAEL CORDOVANA        ___________________
Location: WINDMILL HOUSE                ___________________
          1460 W RD 4 N                 ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-1700       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160281

JAMEY RICHARD MAUK
MAUX COMPANIES LLC
CUPPERS COFFEE BISTRO
4648 HORNET DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133551         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMEY RICHARD MAUK            ___________________
Location: CUPPERS COFFEE BISTRO         ___________________
          258 LEE BLVD BLDG C-2         ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)515-2446       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160282

DONNA JEAN CHILLEEN
KID CHILLEEN PROMOTIONS INC
CHILLEEN'S ON 17
P O BOX 1938
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA JEAN CHILLEEN           ___________________
Location: CHILLEEN'S ON 17              ___________________
          I-17 BLACK CANYON CITY        ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160283

KATHY ANN CHAMBERS
MULLIGAN'S GRILLE LLC
RR BBQ
2201 S TISSAW RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133493         Renew? ______Yes_____No
Status:   Active           Status Date:     10/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHY ANN CHAMBERS            _________________
Location: RR BBQ                        _________________
          5155  N  DAVE WINGFIELD RD   _________________
          RIMROCK, AZ 86335             _________________
Business Phone:     (928)592-9220       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160284

LEE EDWARD ESCH
RED ROBIN INTERNATIONAL INC
RED ROBIN AMERICA'S GOURMET BURGERS & SPIRITS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133189         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEE EDWARD ESCH               _________________
Location: RED ROBIN AMERICA'S GOURMET BURGERS & SPIRITS_________________
          3050 GATEWAY BLVD             _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160285

HUGO ESQUEDA ESQUEDA
GOLDEN DRAGON LLC
GOLDEN DRAGON CHINESE RESTAURANT
1675 E COTTONWOOD ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133498         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUGO ESQUEDA ESQUEDA          _________________
Location: GOLDEN DRAGON CHINESE RESTAURANT_________________
          1675 E COTTONWOOD ST          _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-0588       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160286

DALE KEMUEL MORTHLAND
ARIZONA CITY LODGE NO 1038 LOYAL ORDER OF MOOSE
MOOSE LODGE #1038
P O BOX 2245
ARIZONA CITY AZ 85123

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DALE KEMUEL MORTHLAND         ___________________
Location: MOOSE LODGE #1038             ___________________
          14220 S CALERA RD             ___________________
          ARIZONA CITY, AZ 85123        ___________________
Business Phone:     (520)466-5494       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160287

ANDREA DAHLMAN LEWKOWITZ
SWH MIMI'S CAFE LLC
MIMI'S CAFE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113236         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: MIMI'S CAFE                   __________________
          839 N PROMENADE PKWY          __________________
          CASA GRANDE, AZ 85194         __________________
Business Phone:     (520)426-0193       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160288

ROBERT E BARKER
VALENTINOS
6306 W YORKTOWN WAY
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113242         Renew? ______Yes_____No
Status:   Active           Status Date:     4/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VALENTINOS                    _________________
          3385 N HUNT HWY # 121         _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)723-5910       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160289

JOSEPH PATRICK NOLAN, JR.
MCNOLAN INC
LB CANTINA
P O BOX 2516
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113243         Renew? ______Yes_____No
Status:   Active           Status Date:     6/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH PATRICK NOLAN, JR.     ___________________
Location: LB CANTINA                    ___________________
          695 S MAIN ST                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-9981       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160290

AUDREY MARIA OREFICE
G & O ENTERPRISES INC
GENOVESE'S
6616 E SANDHURST DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133357         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDREY MARIA OREFICE          ___________________
Location: GENOVESE'S                    ___________________
          217 W GURLEY                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)772-8631       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160291

OPAL IRENE BROWN
WD EXTREME LLC
CLEATOR BAR & YACHT CLUB
P O BOX 1106
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130014         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    OPAL IRENE BROWN              ___________________
Location: CLEATOR BAR & YACHT CLUB      ___________________
          13025 E CROWN KING RD         ___________________
          CLEATOR, AZ 86333             ___________________
Business Phone:     (928)632-8534       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160292

BRENDAN LAWRENCE FISCHER
FISCHER ENTERPRISE INC
JACKASS BAR & GRILL
3547 N LYNN DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130045         Renew? ______Yes_____No
Status:   Active           Status Date:     7/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENDAN LAWRENCE FISCHER      __________________
Location: JACKASS BAR & GRILL           __________________
          8156 E VALLEY RD              __________________
          PRESCOTT VALLEY, AZ 86314     __________________
Business Phone:     (928)775-2049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160293

RANDY D NATIONS
STONETOWN LLC
RAVEN CAFE
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130055         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: RAVEN CAFE                    _________________
          142 N CORTEZ                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)717-0009       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160294

SKYLER HOLT REEVES
KELLER CORTEZ LLC
BARLEY HOUND
234 S CORTEZ
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133612         Renew? ______Yes_____No
Status:   Active           Status Date:     4/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SKYLER HOLT REEVES            _________________
Location: BARLEY HOUND                  _________________
          234 S CORTEZ ST               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (323)788-5435       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160295

PATRICIA ANN WEATHERFORD
WEATHERFORD INVESTMENTS LLC
COUNTRY CORNER
8585 S HWY 89
KIRKLAND AZ 86332

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133160         Renew? ______Yes_____No
Status:   Active           Status Date:     2/21/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA ANN WEATHERFORD      ___________________
Location: COUNTRY CORNER                ___________________
          8885 S HWY 89                 ___________________
          WILHOIT, AZ 86332             ___________________
Business Phone:     (928)442-3878       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160296

RALPH SMITH HENDERSON
BPOE #2349
BPOE #2349
P O BOX 459
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110004         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RALPH SMITH HENDERSON         ___________________
Location: BPOE #2349                    ___________________
          HWY 88 & BROWN RD             ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-9152       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160297

MARIA J TOPETE DE RUVALCABA
EL TAPATIO MARKET LLC
EL TAPATIO MARKET
5388 E SKYLINE DR
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113252         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA J TOPETE DE RUVALCABA   ___________________
Location: EL TAPATIO MARKET             ___________________
          5388 E SKYLINE DR             ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)987-9273       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160298

LOUIS E CELAYA
CELAYA LOUIS ET AL
OLD PUEBLO RESTAURANT
P O BOX 2197
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOUIS E CELAYA                _________________
Location: OLD PUEBLO RESTAURANT         _________________
          505 S MAIN ST                 _________________
          FLORENCE, AZ 85232            _________________
Business Phone:     (520)868-4784       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160299

H J LEWKOWITZ
GILA RIVER INDIAN COMMUNITY
BLACKWATER TRADING POST
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110021         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: BLACKWATER TRADING POST       ___________________
          HWY 87 4 MI W OF COOLIDGE     ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-5516       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160300

ELIZABETH ANN TAYLOR
RCCM FOOD TOWN INC
FOOD TOWN IGA
P O BOX 875
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110057 Renew? _____Yes_____No
Status: Active Status Date: 11/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ELIZABETH ANN TAYLOR _____
Location: FOOD TOWN IGA _____
5251 N ROBSON BLVD STE #15 _____
ELOY, AZ 85131 _____
Business Phone: (520)466-7790 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113231 Renew? _____Yes_____No
Status: Active Status Date: 3/13/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ELIZABETH ANN TAYLOR _____
Location: FOOD TOWN IGA _____
10601 W BATTAGLIA DR _____
ARIZONA CITY, AZ 85123 _____
Business Phone: (520)466-7790 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113266 Renew? _____Yes_____No
Status: Active Status Date: 11/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ELIZABETH ANN TAYLOR _____
Location: FOOD TOWN IGA _____
13 N SANTA CRUZ _____
ELOY, AZ 85131 _____
Business Phone: (520)466-7790 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160301

YONG DENG
CHEN'S CHINESE BISTRO CORP
CHEN'S CHINESE BISTRO
983 E AQUARIUS PL
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113148         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YONG  DENG                    _________________
Location: CHEN'S CHINESE BISTRO         _________________
          5341 S SUPERSTITION MOUNTAIN DR D101   __________________
          GOLD CANYON, AZ 85218         _________________
Business Phone:     (602)206-8382       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160302

TSENG CHUAN TSENG
SZECHUAN RESTAURANT INC
SZECHUAN
1350 W HWY 89A #20 & #21
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133355         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TSENG CHUAN TSENG             _________________
Location: SZECHUAN                      _________________
          1350 W HIGHWAY 89A STE 20 & 21   __________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-9288       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160303

NICK A PARASKEVAS
GONE SOUTH LLC
NICKS WEST SIDE
2920 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133404         Renew? ______Yes_____No
Status:   Active           Status Date:     3/31/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICK A PARASKEVAS             _________________
Location: NICKS WEST SIDE               _________________
          2920 W HWY 89A                _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)204-2088       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160304

JAYME SALAZAR
TACO DON'S LLC
TACO DON'S
624 MILLER VALLY RD
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133538         Renew? ______Yes_____No
Status:   Active           Status Date:     1/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAYME  SALAZAR                _________________
Location: TACO DON'S                    _________________
          624 MILLER VALLEY RD          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-6246       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160305

CAMI LYNN GARCIA
GRAY GARCIA & ASSOCIATES PLLC
COBB'S RESTAURANT
126 S GOLDFIELD RD
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110043         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAMI LYNN GARCIA              _________________
Location: COBB'S RESTAURANT             _________________
          944 W APACHE TRAIL            _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)982-3233       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160306

DANIEL KNODL
GOLDFIELD ENTERPRISES LLC
MAMMOTH STEAKHOUSE
2913 N 82ND ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110034         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL  KNODL                 ___________________
Location: MAMMOTH STEAKHOUSE            ___________________
          4650 N MAMMOTH MINE RD        ___________________
          GOLDFIELD, AZ 85219           ___________________
Business Phone:     (480)983-6402       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160307

JULIAN DAMACIO ACEVEDO
BPOE #2478
BPOE #2478
PO BOX 610
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIAN DAMACIO ACEVEDO        ___________________
Location: BPOE #2478                    ___________________
          401 VETERANS AVE              ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-5666       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160308

MICHAEL DOUGLAS REED
FOE #3850
FOE #3850
P O BOX 1785
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14111001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DOUGLAS REED          ___________________
Location: FOE #3850                     ___________________
          2315 S COCONINO               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-5701       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160309

LEE ANN AYERS
FASTRIP FOOD STORES INC
FASTRIP FOOD STORE
P O BOX 82515
BAKERSFIELD CA 93380

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEE ANN AYERS                 ___________________
Location: FASTRIP FOOD STORE            ___________________
          1620 N PINAL                  ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     6613937000          __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160310

GARY JAMES WALD
DRAGON FLY BAKERY LTD
DESERT FLOUR BAKERY & BISTRO
6446 HWY 179
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133254         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY JAMES WALD               ___________________
Location: DESERT FLOUR BAKERY & BISTRO  ___________________
          6446 HWY 179                  ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4633       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160311

KENNETH RAY ROUSE
MPC SEDONA LLC
MARKETPLACE CAFE
6645 STATE ROUTE 179 #C7
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133513         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH RAY ROUSE             ___________________
Location: MARKETPLACE CAFE              ___________________
          6601 S  HWY 179 #A13          ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-5478       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160312

H J LEWKOWITZ
NEW ENCHANTMENT LLC
ENCHANTMENT RESORT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130036         Renew? ______Yes_____No
Status:   Active           Status Date:     6/20/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: ENCHANTMENT RESORT            _________________
          525 BOYNTON CANYON RD         _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-2900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160313

CRAIG EDWARD WILLIAMS
REAMAX TRANSPORT COMPANY INC
EXPRESS FUEL
1887 SUMMITVIEW DR
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133113         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG EDWARD WILLIAMS         ___________________
Location: EXPRESS FUEL                  ___________________
          I 17 & BEAVER CREEK RD        ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)567-5419       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160314

MDGOUHS ALI
SUNLIGHT ENTERPRISES LLC
SUNLITE MARKET
13350 S SUNLAND GIN RD
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113213         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MDGOUHS  ALI                  _________________
Location: SUNLITE MARKET                _________________
          13350 S SUNLAND GIN RD        _________________
          ARIZONA CITY, AZ 85223        _________________
Business Phone:     (520)466-5711       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160315

MARY L REYNOSO
LA CASITA CAFE
P O BOX 353
MAMMOTH AZ 85618

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110042         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASITA CAFE                _________________
          400 S HWY 77                  _________________
          MAMMOTH, AZ 85618             _________________
Business Phone:     (520)487-9980       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160316

GURNAM SINGH
G SINGH INC
TAJ MAHAL
124 N MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133450         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURNAM  SINGH                 _________________
Location: TAJ MAHAL                     _________________
          124 N MONTEZUMA ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-5752       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160317

JOHN EDGAR SHAW
HACKERS GRILL
310 N PLAZA DR
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113033         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HACKERS GRILL                 _________________
          310 N PLAZA DR                _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)671-9933       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160318

ROBERT N HAMILL
ROBERTS MARKET PLACE INC
ROBERTS MARKET PLACE
6450 N VIEWPOINT DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT N HAMILL               ___________________
Location: ROBERTS MARKET PLACE          ___________________
          6450 N VIEWPOINT DR           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8920       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12133399         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT N HAMILL               ___________________
Location: PIZZA PLACE                   ___________________
          6450 N VIEWPOINT DR STE A     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8920       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160319

JOE A SCRIBNER
MJ SCRIBNER ENTERPRISES LLC
ANVIL
3900 E WESTERN DR STE A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133630         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOE A SCRIBNER                _________________
Location: ANVIL                         _________________
          3900 E WESTERN DR STE A       _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-0324       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160320

NANCY E KUHLMANN
CADALLIC CHAPARRAL
HCR3 BOX 1081
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110049         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CADALLIC CHAPARRAL            _________________
          22861 S HWY 79                _________________
          TUCSON, AZ 85739              _________________
Business Phone:     (520)884-0678       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160321

LISA LI CHANG MA
TAM'S BUSINESS LLC
CANTON DRAGON CHINESE CUISINE
7305 E PAV WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133532         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA LI CHANG  MA             ___________________
Location: CANTON DRAGON CHINESE CUISINE ___________________
          7305 E PAV WAY                ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-3118       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160322

TERRI N SPRIGGS
CLEAR CREEK VILLAGE STORE
4483 E HWY 260 SPC 32
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133220         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CLEAR CREEK VILLAGE STORE     _________________
          4483 E HWY 260 #32            _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-3879       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160323

ROBBIN BERTHA SCHULTZ
HITCHING POST INVESTMENTS LLC
50'S DINER/BACKSEAT BAR
19780 E HITCHING POST WAY
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133534         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBBIN BERTHA SCHULTZ         ___________________
Location: 50'S DINER/BACKSEAT BAR       ___________________
          19780 E HITCHING POST WAY     ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)632-4440       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160324

RONALD S LOY
LOY FOOD STORES INC
RON'S GENERAL STORE
P O BOX 88
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130045         Renew? ______Yes_____No
Status:   Active           Status Date:     3/23/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD S LOY                  ___________________
Location: RON'S GENERAL STORE           ___________________
          34360 S OLD BLACK CANYON HWY   ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5546       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160325

MARTIN GAYTAN CALDERON
C & M LLC
AZTECA GRILL
8116 E SPOUSE DR STE A
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133387         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN GAYTAN CALDERON        ___________________
Location: AZTECA GRILL                  ___________________
          8116 E SPOUSE DR STE A        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-5312       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160326

IBRAHIM I GHANNAM
STANFIELD'S FOOD MART INC
STANFIELD FOOD MART
P O BOX 490
STANFIELD AZ 85272

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113054         Renew? ______Yes_____No
Status:   Active           Status Date:     12/28/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IBRAHIM I GHANNAM             _________________
Location: STANFIELD FOOD MART           _________________
          36622 W HWY 84                _________________
          STANFIELD, AZ 85272           _________________
Business Phone:     (520)424-9668       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160327

CHRISOSTOMOS MACRIS
CHRIS'S PIZZA & PASTA CONNECTION LTD
CHRIS'S DINER
P O BOX 4243
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113154         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISOSTOMOS  MACRIS          ___________________
Location: CHRIS'S DINER                 ___________________
          8638 W SANDY LN               ___________________
          ARIZONA CITY, AZ 85233        ___________________
Business Phone:     (520)494-0485       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160328

LAURA SEEMANN GISBORNE
SYCAMORE CANYON WINERY ET AL
SYCAMORE CANYON WINERY
P O BOX 4130
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133007         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURA SEEMANN GISBORNE        ___________________
Location: SYCAMORE CANYON WINERY        ___________________
          2620 DANCING APACHE ROAD      ___________________
          CORNVILLE, AZ 86340           ___________________
Business Phone:     (928)301-2377       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160329

SHAWN KELLY SULLIVAN
SULLIVAN GOLF LLC
SHAWN'S SPORTS BAR & GRILL
P O BOX 26337
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07133000 Renew? _____Yes_____No
Status: Active Status Date: 1/13/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAWN KELLY SULLIVAN _____
Location: SHAWN'S SPORTS BAR & GRILL _____
12625 E VILLAGE CREEK BLVD _____
DEWEY, AZ 86327 _____
Business Phone: (928)772-5718 _____

Renewal Fees:

License Renewal:	75.00
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# 12133635 Renew? _____Yes_____No
Status: Active Status Date: 1/13/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAWN KELLY SULLIVAN _____
Location: SHAWN'S SPORTS BAR & GRILL _____
12625 E VILLAGE CREEK BLVD _____
DEWEY, AZ 86327 _____
Business Phone: (928)772-5718 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160330

SILIVIA FLORES
TRES BANDERAS
1422 E BROADWAY
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113009         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TRES BANDERAS                 _________________
          1422 E BROADWAY               _________________
          APACHE JUNCTION, AZ 85119     _________________
Business Phone:     (602)671-9671       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160331

BILL D MC SWAIN
MCMASHERS INC
MCMASHERS SPORTS BAR & GRILL
1355 E FLORENCE BLVD STE 139
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110022         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BILL D MC SWAIN                _________________
Location: MCMASHERS SPORTS BAR & GRILL   _________________
          1355 E FLORENCE BLVD STE 139    __________________
          CASA GRANDE, AZ 85122          _________________
Business Phone:     (520)426-1472        __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160332

ANTHONY DONLIN
TAMERON ED ET AL
LOS HERMANOS
P O BOX L
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY  DONLIN               _________________
Location: LOS HERMANOS                  _________________
          835 HWY 60                    _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-5465       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160333

CECILIA MARIE ALVARADO
SIDEWAYS SNOW CAP PARTNERSHIP
DELGADILLO'S SNOW CAP
PO BOX 277
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130062         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECILIA MARIE ALVARADO        ___________________
Location: DELGADILLO'S SNOW CAP         ___________________
          22235 W OLD HIGHWAY 66        ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3291       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160334

ROBERT MICHAEL DELGADO
HENSLEY & COMPANY
HENSLEY BEVERAGE COMPANY
4201 N 45TH AVE
PHOENIX AZ 85031

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04113002         Renew? ______Yes_____No
Status:   Active           Status Date:     6/16/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MICHAEL DELGADO        ___________________
Location: HENSLEY BEVERAGE COMPANY      ___________________
          1000 N JEFFERSON AVE          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (602)264-1635       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00

-------------------------------------------------------------------------------
License#  04133005         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MICHAEL DELGADO        ___________________
Location: HENSLEY & COMPANY             ___________________
          10201 E VALLEY ROAD           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (602)264-1635       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160335

PATRICIA ANN WISNOWSKI
WISNOWSKI FAMILY RESTAURANT LLC
TOMMY'S BISTRO / BACK STREET BAR & GRILL ON 8TH STREET
913 E 8TH STREET
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06113001         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA ANN WISNOWSKI        ___________________
Location: TOMMY'S BISTRO / BACK STREET BAR & GRILL ON 8TH STREET___________________
          913 E 8TH ST                  ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-9028       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160336

RAY FRANCES FREITAS
PARADISE PRODUCE LLC
FREITAS VINEYARDS
1575 PARADISE DR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/18/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAY FRANCES FREITAS           ___________________
Location: FREITAS VINEYARDS             ___________________
          1575 PARADISE DR              ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-2149       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160337

JOHN RAYMOND EHALT
PJ'S VILLAGE PUB INC
PJ'S VILLAGE PUB
40 W CORTEZ #10
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130009         Renew? ______Yes_____No
Status:   Active           Status Date:     5/24/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RAYMOND EHALT            _________________
Location: PJ'S VILLAGE PUB              _________________
          40 W CORTEZ #10               _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (520)284-2250       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160338

KARL A PALEN
CRUSTY'S PIZZA & SUBS INC
CRUSTY'S PIZZA & SUBS
P O BOX 2177
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KARL A PALEN                  _________________
Location: CRUSTY'S PIZZA & SUBS         _________________
          FINNEY FLATS OUTPOST MALL UNITS 1 & 2   __________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-6444       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160339

ANTONIA DELGADO
EVNOS LA MEXICANITA
454 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133249         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: EVNOS LA MEXICANITA           ___________________
          454 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)202-3506       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160340

BETH THAYER CANEDY
VERDE VALLEY FAIR ASSOC INC
VERDE VALLEY FAIR ASSOC
P O BOX 1974
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130057         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BETH THAYER CANEDY            ___________________
Location: VERDE VALLEY FAIR ASSOC       ___________________
          1110 E CHERRY ST              ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3290       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160341

SYLVIA ELENA BOURDE
CHARLOTTE CONVENIENCE LLC
CLARKDALE MARKET
P O BOX 454
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133293         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SYLVIA ELENA BOURDE           ___________________
Location: CLARKDALE MARKET              ___________________
          915 A MAIN ST                 ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-1314       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160342

GUADALUPE TORRES TORRES
TORRES & CORTES LLC
CAFE DE MANUEL
1386 E CACTUS BLOOM WAY
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113166         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GUADALUPE  TORRES TORRES      ___________________
Location: CAFE DE MANUEL                ___________________
          1300 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)421-3199       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160343

JOHN STEPHEN PROTESTO
SPENCER STEPHENS LLC
FINAL SCORE SPORTS BAR & GRILL
1509 CATHEDRAL PINES CIRCLE
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130023         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN STEPHEN PROTESTO         ___________________
Location: FINAL SCORE SPORTS BAR & GRILL___________________
          1011 COMMERCE DR #A&B         ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2211       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160344

CHRISTOPHER JOHN GRAFF
PRESCOTT FRONTIER DAYS INC
PRESCOTT FRONTIER DAYS RODEO
P O BOX 2037
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER JOHN GRAFF        ___________________
Location: PRESCOTT FRONTIER DAYS RODEO  ___________________
          840 RODEO DR BLDG H           ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)445-3103       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160345

HAN CHIEN SHIAO
WILLIAM SHIAO LLC
BEIJING GARDEN
1042 WILLOW CREEK RD STE 105
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130052         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAN CHIEN  SHIAO              ___________________
Location: BEIJING GARDEN                ___________________
          1042 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-5276       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160346

JAMES BRET MARCHANT
JIMS BURRO'S LLC
JIMS BURRO'S
85 W COMBS STE 101#345
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113266         Renew? ______Yes_____No
Status:   Active           Status Date:     5/16/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES BRET MARCHANT           ___________________
Location: JIMS BURRO'S                  ___________________
          1532 W OCOTILLO RD            ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)888-1876       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160347

JEANNA CLARE DEL COTTO
PAPAGO CANTINA LLC
PAPAGO CANTINA
51460 W DEER RUN RD
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNA CLARE DEL COTTO        _________________
Location: PAPAGO CANTINA                _________________
          49237 W PAPAGO RD STE 007     _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-0808       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113150         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNA CLARE DEL COTTO        _________________
Location: RACEWAY BAR & GRILL           _________________
          49237 W PAPAGO RD # 007       _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-0800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160348

RICHARD GLENN BICKER, JR.
BICKER ENTERPRISES INC
LIQUOR BARN
P O BOX 4723
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130026         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD GLENN BICKER, JR.     ___________________
Location: LIQUOR BARN                   ___________________
          315 BUSINESS PARK DR #5       ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)772-9665       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160349

JAMES RONALD DETHERAGE
BARGAIN SMART LLC
BARGAIN SMART
P O BOX 2161
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133247         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES RONALD DETHERAGE        ___________________
Location: BARGAIN SMART                 ___________________
          873 HOWARDS RD                ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)239-9092       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160350

CATHY A SPINA
KARMA CAFE OF SEDONA LLC
KARMA CAFE OF SEDONA
1950 W SR 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133626         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CATHY A SPINA                 ___________________
Location: KARMA CAFE OF SEDONA          ___________________
          1950 W SR 89A                 ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4190       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160351

HENRY ANTHONY EBARB
PINE CONE LLC
PINE CONE
325 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133650         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HENRY ANTHONY EBARB           ___________________
Location: PINE CONE                     ___________________
          1245 WHITE SPAR RD            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0104       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160352

THOMAS RICHARD PARKS
PARKS ENTERPRISES INC
DIRTWATER SPRINGS
586 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113083         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS RICHARD PARKS          ___________________
Location: DIRTWATER SPRINGS             ___________________
          586 W APACHE TRAIL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)983-3478       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160353

VARR HUGH MYERS
COOLIDGE FLORENCE ELK LODGE #2350
ELKS #2350
P O BOX 1033
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14113009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VARR HUGH MYERS               ___________________
Location: ELKS #2350                    ___________________
          2241 N ATTAWAY RD             ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-3832       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160354

NICHOLAS CARL GUTTILLA
PETER PIPER INC
PETER PIPER PIZZA #1285
5415 E HIGH ST #200
GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110066         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: PETER PIPER PIZZA #1285       ___________________
          1355 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-0727       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  07130009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: PETER PIPER PIZZA #1286       ___________________
          1911 E HIGHWAY 69             ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-9000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160355

HSUEH H CHIANG
MYONG HSUEH CHIANG ET AL
LUCKY CHINESE RESTAURANT
1350 E FLORENCE BLVD #B
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110049         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HSUEH H CHIANG                _________________
Location: LUCKY CHINESE RESTAURANT      _________________
          1350 E FLORENCE BLVD #B       _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-0102       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160356

WILLIAM SYDNEY BENSON
KORE VENTURES INC
TWIN LAKES MARKET
321 HEIDI LN
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133208         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM SYDNEY BENSON         ___________________
Location: TWIN LAKES MARKET             ___________________
          3122 N HWY 89                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-9698       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160357

PAMELA LYNN TESKEY
TESKEY'S LLC
TESKEY'S RESTAURANT & GRILL
10050 STATE ROUTE 69 #353
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133602         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAMELA LYNN TESKEY            ___________________
Location: TESKEY'S RESTAURANT & GRILL   ___________________
          10050 STATE ROUTE 69          ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)592-5207       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160358

LAUREN KAY MERRETT
SMITH'S FOOD & DRUG CENTERS INC
FRY'S FOOD & DRUG #48
P O BOX 305103
NASHVILLE TN 37230

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07116001 Renew? _____Yes_____No
Status: Inactive Status Date: 1/19/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: FRY'S FOOD & DRUG #48 _____
1385 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-1701 _____

Renewal Fees:

License Renewal:	75.00
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# 09110035 Renew? _____Yes_____No
Status: Active Status Date: 7/26/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRYS MARKETPLACE #672 _____
20797 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)568-6200 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110043 Renew? _____Yes_____No
Status: Active Status Date: 4/30/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S MARKETPLACE #682 _____
155 W COMBS RD _____
QUEEN CREEK, AZ 85243 _____
Business Phone: _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110048 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #65 _____
185 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)288-2140 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110055 Renew? _____Yes_____No
Status: Inactive Status Date: 4/5/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S MARKETPLACE #669 _____
2858 N PINAL AVE _____
CASA GRANDE, AZ 85222 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110062 Renew? _____Yes_____No
Status: Active Status Date: 12/13/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #48 _____
1385 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-1701 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09114001 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #84 _____
542 E HUNT HWY _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)888-1788 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09119000 Renew? _____Yes_____No
Status: Active Status Date: 4/5/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S MARKETPLACE #669 _____
2858 N PINAL AVE _____
CASA GRANDE, AZ 85222 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130011 Renew? _____Yes_____No
Status: Active Status Date: 9/3/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #103 _____
1100 HWY 279 BLDG A _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-9611 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130029 Renew? _____Yes_____No
Status: Active Status Date: 4/5/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #77 _____
3198 WILLOW CREEK RD _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)778-3717 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130048 Renew? _____Yes_____No
Status: Active Status Date: 4/19/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #63 _____
3100 N GLASSFORD HILL RD _____
PRESCOTT VALLEY, AZ 85314 _____
Business Phone: (928)445-3010 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09133000 Renew? _____Yes_____No
Status: Active Status Date: 11/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT DEAN ZIMMERMAN _____
Location: FRY'S FOOD & DRUG #116 _____
950 W FAIR ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-6494 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

```
-------------------------------------------------------------------------------
License#  09133001         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/5/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DEAN ZIMMERMAN         ___________________
Location: FRY'S FOOD & DRUG #77         ___________________
          3198 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)778-3717       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160359

SONG POK KWAK
DO5M LLC
LIQUOR BARN
405 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130020         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SONG POK KWAK                 __________________
Location: LIQUOR BARN                   __________________
          405 W GOODWIN ST              __________________
          PRESCOTT, AZ 86303            __________________
Business Phone:     (928)445-1521       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160360

THOMAS J TILLERY
BRAND T SQUARE LLC
DRY GULCH STEAKHOUSE
320 N ARIZONA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12130032         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS J TILLERY              ___________________
Location: DRY GULCH STEAKHOUSE          ___________________
          1630 ADAMS                    ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-9693       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160361

VALERIE LYNN WOOD
HEART WOOD CELLARS LLC
HEART WOOD CELLARS LLC
7580 E RANCH VIEW RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133051         Renew? ______Yes_____No
Status:   Active           Status Date:     6/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VALERIE LYNN WOOD             ___________________
Location: HEART WOOD CELLARS LLC        ___________________
          4626 OLD HWY 279 BAY 3        ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)274-8126       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160362

CLARE HOLLIE ABEL
BRINKER RESTAURANT CORP
CHILI'S GRILL & BAR #852
C/O BRINKER REST CORP
6820 LBJ FREEWAY
DALLAS TX 75240

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113062         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             __________________
Location: CHILI'S GRILL & BAR #852      __________________
          1532 E FLORENCE BLVD          __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:     (520)876-5976       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133308         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             __________________
Location: CHILI'S BAR & GRILL #1154     __________________
          7281 E PAV WY                 __________________
          PRESCOTT VALLEY, AZ 86314     __________________
Business Phone:     (928)775-6918       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160363

AMIR BOUTROUS SULAIMAN
JB FARMER'S CONVENIENCE STORE INC
FARMER'S CONVENIENCE STORE
6160 E WOODRIDGE DR
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMIR BOUTROUS SULAIMAN        ___________________
Location: FARMER'S CONVENIENCE STORE    ___________________
          49301 W PAPAGO RD             ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-2528       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160364

AMY SUZZANE WIETERS
EATIN' THYME LLC
LAST CHANCE GENERAL STORE
P O BOX 185
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133283         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY SUZZANE WIETERS           ___________________
Location: LAST CHANCE GENERAL STORE     ___________________
          507 B MAIN ST                 ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-0284       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160365

LUIS A ESPINOZA
EL AGAVE LLC
LA CASITA FAMILY MEXICAN RESTAURANT
4635 S PINTO TRAIL
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133581         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUIS A ESPINOZA               ___________________
Location: LA CASITA FAMILY MEXICAN RESTAURANT___________________
          37 HOLLAMON STREET            ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)202-2259       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160366

LADENNA MADELINE WHITEHEAD
LAVEIGH'S LOUNGE
P O BOX 1090
STANFIELD AZ 85172

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110074         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LAVEIGH'S LOUNGE              _________________
          36796 W HWY 84                _________________
          STANFIELD, AZ 85172           _________________
Business Phone:     (602)679-1241       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160367

M TERESA ECHEVERRIA-MACHELOR
CREATIVE LABOR SERVICES, INC
CREATIVE CAFE
PO BOX 10906
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    M TERESA ECHEVERRIA-MACHELOR  __________________
Location: CREATIVE CAFE                 __________________
          1420 N TREKELL RD             __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:     (520)421-0442       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160368

JAIME CHAVEZ GARCIA
SELIGMAN GROCERY
7554 N PARADISE FOUND TRL
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133272         Renew? ______Yes_____No
Status:   Active           Status Date:     10/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SELIGMAN GROCERY              _________________
          100 N MAIN ST                 _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-3386       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160369

RANDY D NATIONS
JSH TIME LLC
SUPERSTITION MOUNTAIN GOLF & COUNTRY CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14113013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS                _________________
Location: SUPERSTITION MOUNTAIN GOLF & COUNTRY CLUB_________________
          8000 E CLUB VILLAGE DR         _________________
          SUPERSTITION MOUNTAIN, AZ 85118_________________
Business Phone:     (480)983-3200        __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160370

STEPHEN JAMES BUYSSE
BUYSSE STEPHEN JAMES JTWROS
FAMOUS PIZZA
65 APACHE TRL
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07135001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JAMES BUYSSE          ___________________
Location: FAMOUS PIZZA                  ___________________
          10 BELL ROCK PLAZA            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-3805       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160371

JULIA KRISTEN MIKKELSEN
AIRPORT TAVERN LLC
AIRPORT TAVERN
12590 W WAVERLY DR
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIA KRISTEN MIKKELSEN       _________________
Location: AIRPORT TAVERN                _________________
          1801 N PINAL AVE              _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)426-4266       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160372

BONNIE WENDY GRANT
CORK AND CATCH LLC
CORK AND CATCH
2031 DEL MAR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133520         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BONNIE WENDY GRANT            ___________________
Location: CORK AND CATCH                ___________________
          1750 E VILLA  DR A & B        ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-2675       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160373

CELIA OTERO MEEKS
RED ROCK CAFE & BAR
PO BOX 1224
RED ROCK AZ 85145

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110052         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RED ROCK CAFE & BAR           _________________
          I-10 & SASCO                  _________________
          RED ROCK, AZ 85145            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160374

THERESA JUNE MORSE
B-DESH ENTERPRISES LLC
HWY 69 MARKET
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133242         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: HWY 69 MARKET                 ___________________
          8470 E STATE ROUTE HWY 69     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-6112       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160375

GOLAB MOMEN KHANI
G & H CUISINE LLC
FARSIDE BISTRO
1075 S STATE ROUTE 260 UNIT #C
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12133597 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GOLAB MOMEN KHANI _____
Location: FARSIDE BISTRO _____
1075 S STATE ROUTE 260 UNIT C _____
COTTONWOOD, AZ 86326 _____
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160376

MICHAEL KRISTOPHER BRINKIN
RED MEX LLC
RED ESTILO MEX
105 W FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113252         Renew? ______Yes_____No
Status:   Active           Status Date:     5/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL KRISTOPHER BRINKIN    ___________________
Location: RED ESTILO MEX                ___________________
          105 W FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-1404       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160377

DIANE LOUISE HUNTSBARGER
MS MASAKI LLC
MS MASAKI SUSHI LOUNGE
1802 E BIRCH ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133615         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANE LOUISE HUNTSBARGER      ___________________
Location: MS MASAKI SUSHI LOUNGE        ___________________
          654 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-9744       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160378

H J LEWKOWITZ
ROCK SPRINGS OPERATING COMPANY LLC
ROCK SPRINGS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: ROCK SPRINGS                  _________________
          ROCK SPRINGS I-17             _________________
          ROCK SPRINGS, AZ 85324        _________________
Business Phone:     (623)374-5794       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160379

RICHARD DEAN GUEST
EXPRESS FOODS CASH & CARRY INC
S & G CONVENIENCE STORE
603 N BEAVER ST
BAGDAD AZ 86321

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130068         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD DEAN GUEST            ___________________
Location: S & G CONVENIENCE STORE       ___________________
          MAIN ST                       ___________________
          BAGDAD, AZ 86321              ___________________
Business Phone:     (520)774-6206       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160380

JASBIR SINGH WAZIR
GURUKIRPA LLC
FLORENCE CHEVRON
1216 E WINSOR AVE
PHOENIX AZ 85006

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113151         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASBIR SINGH WAZIR            ___________________
Location: FLORENCE CHEVRON              ___________________
          320 W FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)576-5766       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160381

BINGCAI CHEN
ASIAN BUFFET LLC
ASIAN BUFFET
1749 W HUNT HWY #101
SAN TAN VALLEY AZ 85143

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113208         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BINGCAI  CHEN                 _________________
Location: ASIAN BUFFET                  _________________
          1749 W HUNT HWY #101          _________________
          SAN TAN VALLEY, AZ 85143      _________________
Business Phone:     (480)888-1619       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160382

CHARLENE MARIE ZACK
ABBIE'S KICHEN LLC
ABBIE'S FINE FOODS AND CATERING
778 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133504         Renew? ______Yes_____No
Status:   Active           Status Date:     1/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLENE MARIE ZACK           _________________
Location: ABBIE'S FINE FOODS AND CATERING_________________
          778 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-3300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160383

GEORGE LOUIS DANIEL
SPOT BCC LLC
COUNTRY MARKET
20301 E SQUAW VALLEY RD
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133140         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LOUIS DANIEL           ___________________
Location: COUNTRY MARKET                ___________________
          20301 E SQUAW VALLEY RD       ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5429       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160384

CHERYL ANN SOTO
BAREFOOT BOBS LLC
BAREFOOT BOB'S BILLIARDS
1471 VYNE ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130055         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERYL ANN SOTO               ___________________
Location: BAREFOOT BOB'S BILLIARDS      ___________________
          8367 E PECOS DR STE 2 &3      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)925-4788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160385

DAVID VINCENT MARINO
MARINO ENTERPRISES LLC
MARINO'S CORNER BISTRO
755 KOPAVI TRAIL
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133574         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID VINCENT MARINO          _________________
Location: MARINO'S CORNER BISTRO        _________________
          148 N MONTEZUMA ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-4168       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160386

JOAN HELEN SHAY
ADULT CENTER OF PRESCOTT
ADULT CENTER OF PRESCOTT
1280 E ROSSER ST STE B
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133010         Renew? ______Yes_____No
Status:   Active           Status Date:     4/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAN HELEN SHAY               ___________________
Location: ADULT CENTER OF PRESCOTT      ___________________
          1280 E ROSSER ST STE B        ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-3000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160387

MICHAEL JOSEPH BASHA
BASHAS INC
BASHAS #109
P O BOX 488
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110004 Renew? _____Yes_____No
Status: Active Status Date: 5/27/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS #109 _____
21044 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)836-4400 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110023 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #21 _____
1162 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-8841 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110051 Renew? _____Yes_____No
Status: Active Status Date: 9/16/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #4 _____
300 N FLORENCE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (480)963-0518 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110052 Renew? _____Yes_____No
Status: Inactive Status Date: 4/30/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #115 _____
1477 E APACHE TRL _____
APACHE JUNCTION, AZ 85120 _____
Business Phone: (480)983-7655 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110056 Renew? _____Yes_____No
Status: Active Status Date: 4/11/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #82 _____
5311 S SUPERSTITION MTN DR _____
GOLD CANYON, AZ 85219 _____
Business Phone: (480)474-9401 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130003 Renew? _____Yes_____No
Status: Active Status Date: 2/24/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #28 _____
160 COFFEE POT _____
SEDONA, AZ 86336 _____
Business Phone: (602)257-1470 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130004 Renew? _____Yes_____No
Status: Active Status Date: 2/24/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #37 _____
1051 E HWY 279 _____
COTTONWOOD, AZ 86326 _____
Business Phone: (602)257-1317 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130005 Renew? _____Yes_____No
Status: Active Status Date: 1/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #49 _____
650 W FINNEY FLAT RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (602)252-5385 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

```
     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130018         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: BASHAS' #91                   ___________________
          105 W MAIN ST                 ___________________
          BAGDAD, AZ 86321              ___________________
Business Phone:     (928)633-4599       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160388

HOLLY ELIZABETH KAMOUZIS
KAMOUZIS ROMERO PARTNERSHIP ET AL
GOLDEN 9 RESTAURANT
4965 S SUNLAND GIN RD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110087         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOLLY ELIZABETH KAMOUZIS      ___________________
Location: GOLDEN 9 RESTAURANT           ___________________
          I-10 & SUNLAND GIN RD         ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)836-2416       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160389

KATHERINE LOUISE WOODS
KACTUS KATE'S LLC
KACTUS KATE'S
929 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130063         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHERINE LOUISE WOODS        _________________
Location: KACTUS KATE'S                 _________________
          929 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-7822       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160390

DEBRA JEAN SMITH
RACKS SPORTS BAR & GRILL LLC
RACKS SPORTS BAR & GRILL
6499 S KINGS RANCH PL #6
PMB 90
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110080         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA JEAN SMITH              ___________________
Location: RACKS SPORTS BAR & GRILL      ___________________
          8654 E TOPAZ DR               ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)980-7225       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160391

TIMOTHY LEONARD BYRNE
TLB VENTURES INC
BLUE MOON CAFE
6101 HWY 179 STE B
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133202         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LEONARD BYRNE         ___________________
Location: BLUE MOON CAFE                ___________________
          6101 HWY 179 STE B            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1831       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160392

SHAUNA MARIE STEVENS
ENERGY HOUSING SOLUTIONS INC
FITZ STOP
1393 E QUEEN VALLEY DR #2
QUEEN VALLEY AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113232         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAUNA MARIE STEVENS          ___________________
Location: FITZ STOP                     ___________________
          1393 EAST QUEEN VALLEY DR #1   ___________________
          QUEEN VALLEY, AZ 85118        ___________________
Business Phone:     (520)463-1903       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12113227         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAUNA MARIE STEVENS          ___________________
Location: FITZ'S CAFE                   ___________________
          1393 E QUEEN VALLEY DR # 2    ___________________
          QUEEN VALLEY, AZ 85118        ___________________
Business Phone:     (520)463-1903       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160393

BENJAMIN ALVAREZ
BEN MONICA SERAFIN MANAGEMENT INC
DINNER BELL
321 W GURELY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133522         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BENJAMIN  ALVAREZ             ___________________
Location: DINNER BELL                   ___________________
          321 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-9888       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160394

JESUS MANUEL ALTAMIRANO
PRESCOTT CLUB LLC
STONERIDGE GOLF COURSE
10611 N HAYDEN RD STE D105
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130041         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       _________________
Location: STONERIDGE GOLF COURSE        _________________
          1601 N BLUFF TOP DR           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-9140       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160395

KERRIE LEE SNYDER
10-12 LOUNGE
PO BOX 26
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130051         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 10-12 LOUNGE                  _________________
          910-912 MAIN ST               _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)639-0800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160396

ADRIAN M MEDINA
CANYON DISTRIBUTING COMPANY
CANYON DISTRIBUTING
2682 W OATMAN RD
KINGMAN AZ 86401

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04133006         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN M MEDINA               ___________________
Location: CANYON DISTRIBUTING           ___________________
          10190 E VALLEY RD             ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)445-0652       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160397

HOWARD H KARMAN
FRANCISCO GRANDE USA INC
FRANCISCO GRANDE HOTEL
P O BOX 11208
CASA GRANDE AZ 85130-0148

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110091         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD H KARMAN               _________________
Location: FRANCISCO GRANDE HOTEL        _________________
          26000 W GILA BEND HWY         _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-8222       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160398

JAMES ALLAN O'MEALLY
AMERICAN ROUX GROUP LLC
UP THE CREEK GRILL
P O BOX 1393
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130053 Renew? _____Yes_____No
Status: Active Status Date: 3/12/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES ALLAN O'MEALLY _____
Location: UP THE CREEK GRILL _____
2 MI E OF 89A ON PAGE SPRINGS RD _____
CORNVILLE, AZ 86325 _____
Business Phone: (928)634-9954 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12133603 Renew? _____Yes_____No
Status: Active Status Date: 3/12/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES ALLAN O'MEALLY _____
Location: UP THE CREEK GRILL _____
2 MI E OF 89A ON PAGE SPRINGS RD _____
CORNVILLE, AZ 86325 _____
Business Phone: (928)634-9954 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160399

GLORIA ANN THOMAS
SIF OIDAK DEVELOPMENT AUTHORITY
SODA STOP
9376 S CHUICHU RD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113244         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GLORIA ANN THOMAS             ___________________
Location: SODA STOP                     ___________________
          HWY 15 5 1/2 MI S OF CASA GRANDE   ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-3601       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160400

MATTHEW LOUIS BRASSARD
M & M ESTABLISHMENTS INC
MATT'S SALOON / DOC HOLLIDAY'S
112 SOUTH MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130053         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MATTHEW LOUIS BRASSARD        ___________________
Location: MATT'S SALOON / DOC HOLLIDAY'S___________________
          112 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)771-8788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160401

ALEX CHANG
CHANG'S DEVELOPMENT INC
MING HOUSE
888 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133056         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEX  CHANG                   _________________
Location: MING HOUSE                    _________________
          888 S MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)639-2885       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160402

MITCHELL DAVID LEVY
BURNING TREE CELLARS LLC
BURNING TREE CELLARS
1040 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133032         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL DAVID LEVY           ___________________
Location: BURNING TREE CELLARS          ___________________
          1040 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8733       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160403

KEVIN JAMES VOIGHT
V F W #7968
V F W #7968
250 S PHELPS DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14113012         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JAMES VOIGHT            ___________________
Location: V F W #7968                   ___________________
          250 S PHELPS DR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-6239       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160404

STONEY OESTERREICH
V F W #3713
V F W #3713
328 W COOLIDGE AVE
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STONEY  OESTERREICH           ___________________
Location: V F W #3713                   ___________________
          328 W COOLIDGE AVE            ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-4443       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160405

MAYNARD JAMES KEENAN
CADUCEUS CELLARS LLC
CADUCEUS CELLARS TASTING ROOM
PO BOX 905
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130020 Renew? _____Yes_____No
Status: Active Status Date: 5/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS TASTING ROOM _____
160 MAIN ST _____
JEROME, AZ 86331 _____
Business Phone: (928)634-5006 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07130065 Renew? _____Yes_____No
Status: Active Status Date: 4/29/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: FOUR EIGHT WINEWORKS _____
907 MAIN ST _____
CLARKDALE, AZ 86324 _____
Business Phone: (928)649-2007 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 13133014 Renew? _____Yes_____No
Status: Active Status Date: 7/29/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS _____
103 DUNDEE AVE _____
JEROME, AZ 86331 _____
Business Phone: (928)634-5006 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 13133018 Renew? _____Yes_____No
Status: Active Status Date: 5/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS TASTING ROOM _____
160 MAIN ST _____
JEROME, AZ 86331 _____
Business Phone: (928)634-5006 _____

```
Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  13133031         Renew? ______Yes_____No
Status:   Active           Status Date:     6/20/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAYNARD JAMES KEENAN          _________________
Location: CADUCEUS CELLARS/FOUR EIGHT WINEWORKS_________________
          4626 OLD HWY 279              _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)649-9293       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  13133038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAYNARD JAMES KEENAN          _________________
Location: FOUR EIGHT WINEWORKS          _________________
          907 MAIN ST                   _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)649-2007       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160406

CLARE HOLLIE ABEL
WAL-MART STORES INC
WAL - MART SUPERCENTER #1381
508 SW 8TH ST
DEPT 8916
BENTONVILLE AR 72716-0500

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110007 Renew? _____Yes_____No
Status: Active Status Date: 3/13/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #1381 _____
2555 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)380-3800 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110050 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #2778 _____
1695 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)723-0945 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110053 Renew? _____Yes_____No
Status: Active Status Date: 1/27/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #3751 _____
1725 W HUNT HWY _____
QUEEN CREEK, AZ 85143 _____
Business Phone: (480)677-2149 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110069 Renew? _____Yes_____No
Status: Active Status Date: 7/28/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1218 _____
1741 E FLORENCE BLVD _____
CASA GRANDE, AZ 85293 _____
Business Phone: (520)421-1200 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110071 Renew? _____Yes_____No
Status: Active Status Date: 4/10/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #4430 _____
41650 W MARICOPA-CASA GRANDE HWY _____
MARICOPA, AZ 85138 _____
Business Phone: (520)568-0846 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130025 Renew? _____Yes_____No
Status: Active Status Date: 12/3/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5303 _____
1280 GAIL GARDNER WAY _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)541-0071 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130032 Renew? _____Yes_____No
Status: Active Status Date: 9/14/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER # 1299 _____
2003 E RODEO DR _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-0444 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130038 Renew? _____Yes_____No
Status: Active Status Date: 10/3/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1417 _____
3050 HIGHWAY 69 _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)445-1113 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

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     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130424         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: WAL-MART SUPERCENTER #3730    ___________________
          3450 N GLASSFORD HILL RD      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160407

JUDITH CAROL MAY
SPIRIT WOMEN INC
IRON SPRINGS CAFE
1501 IRON SPRINGS RD
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133198         Renew? ______Yes_____No
Status:   Active           Status Date:     7/18/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUDITH CAROL MAY              _________________
Location: IRON SPRINGS CAFE             _________________
          1501 IRON SPRINGS RD          _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)443-8848       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160408

MICHAEL CURT JACKSON
PROPERTY A LOCAL RESTAURANT INC
PROPERTY
P O BOX 10678
CASA GRANDE AZ 85130

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110041         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CURT JACKSON          ___________________
Location: PROPERTY                      ___________________
          1251 GILA BEND HWY            ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-1101       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06110077         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CURT JACKSON          ___________________
Location: BEDILLONS RESTAURANT          ___________________
          800 N PARK AVE                ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-2045       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160409

ANTONIO JAMIL BARASH
A & R BARASH LLC
BOTTLE STOP DRIVE IN
474 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110002         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTONIO JAMIL BARASH          _________________
Location: BOTTLE STOP DRIVE IN          _________________
          474 S ARIZONA BLVD            _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-1580       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160410

STUART GRANT PRIBBLE, JR.
AMERICAN LEGION #40
AMERICAN LEGION #40
P O BOX 342
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130018         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STUART GRANT PRIBBLE, JR.     __________________
Location: AMERICAN LEGION #40           __________________
          650 ROAD 3 SE                 __________________
          CHINO VALLEY, AZ 86323        __________________
Business Phone:     (928)636-2020       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160411

SONIA MARTINEZ
ALDACO LLC
CASA GRANDE
443 W BUTTERFIELD RD
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133228         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SONIA  MARTINEZ               ___________________
Location: CASA GRANDE                   ___________________
          443 BUTTERFIELD RD            ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-7275       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160412

CHIRAG BALDEVBHAI PATEL
VIVAN LLC
MAIN MARKET
2130 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113207         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHIRAG BALDEVBHAI PATEL       ___________________
Location: MAIN MARKET                   ___________________
          2130 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-5368       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160413

MORRIS DUANE MENNENGA
COOLIDGE FUEL LLC
DISCOVERY MARKET
56 N. AGUA FRIA LN
CASA GRANDE AZ 85194

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113264         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MORRIS DUANE MENNENGA         ___________________
Location: DISCOVERY MARKET              ___________________
          295 S ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-9388       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160414

HAROLD LEE BAKER
AMERICAN LEGION #93
AMERICAN LEGION #93
P O BOX 1570
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD LEE BAKER              _________________
Location: AMERICAN LEGION #93           _________________
          286 S 3RD ST                  _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-6154       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160415

JAMAL ESSA ABDALLAH
PRESCOTT FIVE LLC
PRESCOTT FIVE
5050 S ARIZONA AVE
CHANDLER AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133262         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMAL ESSA ABDALLAH           ___________________
Location: PRESCOTT FIVE                 ___________________
          286 WALKER ROAD               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0897       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160416

LEROY ONG HING
SAVE MONEY INC
SAVE MONEY MARKET
P O BOX A
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110033         Renew? ______Yes_____No
Status:   Active           Status Date:     7/8/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEROY ONG HING                _________________
Location: SAVE MONEY MARKET             _________________
          420 MAIN ST                   _________________
          SUPERIOR, AZ 85173            _________________
Business Phone:     (520)689-2265       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160417

RUTH ANN LUDWIG
WEST HAY INC
OLD CORRAL BAR
PO BOX 1178
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130058         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUTH ANN LUDWIG               ___________________
Location: OLD CORRAL BAR                ___________________
          CENTRAL DR & CORNVILLE RD     ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-9495       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160418

ROSALINDA H O'HARE
PENASCOS MEXICAN RESTAURANT INC
PENASCOS MEXICAN RESTAURANT
22737 N SUNSET DR
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113121         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSALINDA H O'HARE            ___________________
Location: PENASCOS MEXICAN RESTAURANT   ___________________
          20024 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-7362       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160419

ROBERT DOUGLAS CONLIN
EK2 LLC
BOBBY D'S BAR B Q PIT AT THE ENGLISH KITCHEN
PO BOX 1343
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133486         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DOUGLAS CONLIN         _________________
Location: BOBBY D'S BAR B Q PIT AT THE ENGLISH KITCHEN_________________
          119 E JEROME AVE              _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-6235       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160420

JAMES STEPHEN LOLLI
MARJAMAR LLC
HUNGRY MONK
218 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133620         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES STEPHEN LOLLI           ___________________
Location: HUNGRY MONK                   ___________________
          220 W GOODWIN ST STE 101,201,202   ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)237-4759       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160421

VIVIAN WING YEE WAN
OK BO BO INC
MIA'S OK MARKET
P O BOX 3675
ARIZONA CITY AZ 85123

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110034         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIVIAN WING YEE WAN           _________________
Location: MIA'S OK MARKET               _________________
          9674 W MONACO BLVD            _________________
          ARIZONA CITY, AZ 85223        _________________
Business Phone:     (520)466-9239       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160422

JAMIE LYNN FULLMER
FIRE MOUNTAIN WINES LLC
FIRE MOUNTAIN
P O BOX 4120
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133036         Renew? ______Yes_____No
Status:   Active           Status Date:     7/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMIE LYNN FULLMER            ___________________
Location: FIRE MOUNTAIN                 ___________________
          1010 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-9135       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160423

EFREN SAENZ SANTA CRUZ
GOLDEN GOOSE CAFE LLC
GOLDEN GOOSE CAFE & BISTRO
65 AMBERLY DR
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133462         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EFREN SAENZ SANTA CRUZ        ___________________
Location: GOLDEN GOOSE CAFE & BISTRO    ___________________
          2545 W HWY 89A                ___________________
          SEDONA, AZ 86339              ___________________
Business Phone:     (928)282-1447       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160424

ANDREA DAHLMAN LEWKOWITZ
CLUB AT OASIS LLC
OASIS GOLF RESORT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06113000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: OASIS GOLF RESORT             __________________
          5764 E HUNT HWY               __________________
          FLORENCE, AZ 85132            __________________
Business Phone:     (480)888-8890       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  07110069         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: OASIS GOLF RESORT             __________________
          5764 E HUNT HWY               __________________
          FLORENCE, AZ 85132            __________________
Business Phone:     (480)888-8890       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160425

DEANNA RENEE ALKATEEB
WILD WEST RANCH & RV RESORT LLC
WILD WEST RANCH & RV RESORT
860 S JOHN WAYNE PKWY
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113270         Renew? ______Yes_____No
Status:   Active           Status Date:     4/14/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEANNA RENEE ALKATEEB         ___________________
Location: WILD WEST RANCH & RV RESORT   ___________________
          860 S JOHN WAYNE PKWY         ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:     (520)858-5035       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160426

JEFFREY DANIEL WOOLEY
AMERICAN LEGION #54
AMERICAN LEGION #54
P O BOX 126
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110010         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY DANIEL WOOLEY         ___________________
Location: AMERICAN LEGION #54           ___________________
          408 N MAIN ST                 ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-3820       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160427

STEPHEN JOHN DALLAS
DALSTON LLP
APACHE CREEK GOLF CLUB / RESTAURANT
3401 S IRONWOOD DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110027         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JOHN DALLAS           ___________________
Location: APACHE CREEK GOLF CLUB / RESTAURANT___________________
          3401 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)888-1854       __________

Renewal Fees:
     License Renewal:                    75.00
     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#  12113259         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JOHN DALLAS           ___________________
Location: APACHE CREEK GOLF CLUB / RESTAURANT___________________
          3401 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)888-1854       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160428

JON DAVID CARMICHAEL
MOOSE LODGE #1449
MOOSE LODGE #1449
P O BOX 698
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JON DAVID CARMICHAEL          ___________________
Location: MOOSE LODGE #1449             ___________________
          1051 S BROADWAY               ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-8668       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160429

DAVID GEORGE BEE
PLACE OF AZ LLC
GYM GRILL & BAR
9657 E LAGUNA AZUL AVE
MESA AZ 85243

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110050         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/18/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID GEORGE BEE              _________________
Location: GYM GRILL & BAR               _________________
          2510 E HUNT HWY #1            _________________
          QUEEN CREEK, AZ 85243         _________________
Business Phone:     (480)677-2146       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160430

SONIA ALEJANDRA BUI
DIVA'S HAIR & NAILS
958 E RODEO RD #28
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110034         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: DIVA'S HAIR & NAILS           _________________
          958 E RODEO RD STE#28         _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)705-5124       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160431

EMILE ELIAS DAHER
DAHER INC
COFFEE POT RESTAURANT
P O BOX 4155
W. SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMILE ELIAS DAHER             ___________________
Location: COFFEE POT RESTAURANT         ___________________
          2050 W HWY 89A                ___________________
          WEST SEDONA, AZ 86340         ___________________
Business Phone:     (928)282-6626       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160432

PATRICIA ROSE PFEIFFER
KOKOPELLI MOON SALOON
P O BOX 1360
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110069         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KOKOPELLI MOON SALOON         _________________
          255 N MAIN ST                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-0858       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160433

SUKHDEV SINGH
RAVEN & SIENNA ENTERPRISES LLC
DAVE'S FAST STOP
3933 N ROBERT RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133231         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUKHDEV  SINGH                _________________
Location: DAVE'S FAST STOP              _________________
          3933 N ROBERT RD              _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-1600       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160434

RANDY D NATIONS
BILL'S PIZZA PRESCOTT LLC
BILL'S PIZZA
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133633         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BILL'S PIZZA                  ___________________
          107 S CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-0800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160435

FREDERICK ROBERT KRAUS
BIG OAK ENTERPRISES LLC
OAK CREEK BREWERY AND GRILL AT TLAQUEPAQUE
2050 YAVAPAI DRIVE UNIT #2C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133152         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDERICK ROBERT KRAUS        _________________
Location: OAK CREEK BREWERY AND GRILL AT TLAQUEPAQUE_________________
          336 HIGHWAY 179               _________________
          SEDONA, AZ 86339              _________________
Business Phone:     (928)282-3300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160436

BRADLEY E CHRISTENSEN
PRESCOTT HOTEL GROUP LLC
RESIDENCE INN BY MARIOTT
3599 LEE CIRCLE
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130045         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY E CHRISTENSEN         ___________________
Location: RESIDENCE INN BY MARIOTT      ___________________
          3599 LEE CIRCLE               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)775-2232       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160437

PETE GEORGE KOULOURIS
444 NORTH PINAL PARKWAY INC
MOUNT ATHOS RESTAURANT & CAFE
P O BOX 2563
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113085         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETE GEORGE KOULOURIS         ___________________
Location: MOUNT ATHOS RESTAURANT & CAFE ___________________
          444 N PINAL PKWY              ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-0735       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160438

GARY A MILLER
PRESCOTT VALLEY RACE COURSE LLC
PRESCOTT VALLEY RACE COURSE
10401 E HIGHWAY 89A
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130043         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/31/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY A MILLER                 ___________________
Location: PRESCOTT VALLEY RACE COURSE   ___________________
          10401 E HWY 89A               ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (480)216-3379       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160439

DEBORAH ELLEN GRAY
DEPOT 89 MARKETPLACE INC
DEPOT 89
P O BOX 323
PAULDEN AZ 86334

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133235         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ELLEN GRAY            ___________________
Location: DEPOT 89                      ___________________
          23050 N HWY 89                ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-1550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160440

PAOLO MICHAEL BUCCELLATO
PB & PB LLC
A & M PIZZA
445 W HWY 287
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113210         Renew? ______Yes_____No
Status:   Active           Status Date:     3/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAOLO MICHAEL BUCCELLATO      _________________
Location: A & M PIZZA                   _________________
          445 W HWY 287                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-0170       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160441

AUDRA LEA YAMAMOTO
GRANITE MOUNTAIN BREWING LLC
GRANITE MOUNTAIN BREWING
P O BOX 1109
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130054         Renew? ______Yes_____No
Status:   Active           Status Date:     10/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDRA LEA YAMAMOTO            ___________________
Location: GRANITE MOUNTAIN BREWING      ___________________
          123 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-5535       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160442

HERB M CARABEO
CARABEO HERB ET AL
KIRKLAND BAR
P O BOX 26
KIRKLAND AZ 86332

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130026         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HERB M CARABEO                _________________
Location: KIRKLAND BAR                  _________________
          MAIN ST                       _________________
          KIRKLAND, AZ 86332            _________________
Business Phone:     (520)442-3408       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160443

DAVID STEVEN BISHOW
SADDLEBROOKE HOMEOWNERS' ASSOCIATION #1 INC
SADDLEBROOKE HOA #1
64500 E SADDLEBROOKE BLVD
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113052         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID STEVEN BISHOW           ___________________
Location: SADDLEBROOKE HOA #1           ___________________
          64500 E SADDLEBROOKE BLVD     ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)825-3048       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160444

KENNETH LEE CONWAY
BPOE #1957
BPOE #1957
909 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110025         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH LEE CONWAY            ___________________
Location: BPOE #1957                    ___________________
          909 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-7083       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160445

RANDY D NATIONS
SKYLINE RANCH NNY LLC
NATIVE GRILL & WINGS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113217         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: NATIVE GRILL & WINGS          ___________________
          1750 W HUNT HWY PAD C         ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)888-2233       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160446

JOHN S MC REYNOLDS
MCLUND LLC
BABE'S ROUND-UP
PO BOX 375
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130046         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN S MC REYNOLDS            _________________
Location: BABE'S ROUND-UP               _________________
          MONTEZUMA CASTLE RD           _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-6969       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160447

ROBERT JOHN GREUFE
LOVE'S TRAVEL STOPS & COUNTRY STORES INC
LOVE'S TRAVEL STOP #265
P O BOX 26210
ATTN LICENSING DEPT
OKLAHOMA CITY OK 73126-0210

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113060         Renew? ______Yes_____No
Status:   Active           Status Date:     4/18/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOHN GREUFE            ___________________
Location: LOVE'S TRAVEL STOP #265       ___________________
          5000 N SUNLAND GIN RD         ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)423-2015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160448

LAWRENCE EDWARD ELLIGET
JENMAR LLC
PRESCOTT PUBLIC HOUSE
218 W OURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130024         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/14/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       _________________
Location: PRESCOTT PUBLIC HOUSE         _________________
          218 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160449

CORY DEAN FARLEY
LONE SPUR CAFE LLC
LONE SPUR CAFE
141 S MCCORMICK STE 212
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133577         Renew? ______Yes_____No
Status:   Active           Status Date:     3/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CORY DEAN FARLEY              _________________
Location: LONE SPUR CAFE                _________________
          106 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-8202       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160450

HAROLD JOHN CHRIST
WINDMILL WINERY AT FLORENCE FARMS LLC
WINDMILL WINERY
P O BOX 2276
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110067         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD JOHN CHRIST            _________________
Location: WINDMILL WINERY               _________________
          1140 W BUTTE AVE              _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-5200       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  13113001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       _________________
Location: WINDMILL WINERY               _________________
          1140 W BUTTE AVE              _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-5200       __________

Renewal Fees:
     License Renewal:                   100.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160451

GARY RAY DENNY
DOUBLE G LLC
EL CHARRO RESTAURANT
120 N MONTEZUMA
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133139         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY RAY DENNY                _________________
Location: EL CHARRO RESTAURANT          _________________
          120 N MONTEZUMA               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)445-7130       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160452

WALTER BRENT KYTE
KYTE ENTERPRISES LLC
PIZZA HUT WING STREET
5902 E PIMA ST
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113111         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             _________________
Location: PIZZA HUT WING STREET         _________________
          561 E BELLA VISTA ROAD SUITE 100   __________________
          QUEEN CREEK, AZ 85242         _________________
Business Phone:     (520)886-5271       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12113119         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             _________________
Location: PIZZA HUT WING STREET         _________________
          21101 N JOHN WAYNE PARKWAY    _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)886-5271       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160453

BRIAN JOSEPH WEBB
SPIDERS & DAGGERS LLC
STATE BAR
10 E ROUTE 66
FLAGSTAFF AZ 86001

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130024         Renew? ______Yes_____No
Status:   Active           Status Date:     4/4/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN JOSEPH WEBB             ___________________
Location: STATE BAR                     ___________________
          1048 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160454

BRANDY LEE VARACALLI
GUIDO'S RESTAURANT LLC
GUIDO'S PIZZA
6226 E STATE ROUTE 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133528         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDY LEE VARACALLI          ___________________
Location: GUIDO'S PIZZA                 ___________________
          6226 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)237-5805       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160455

TERESA LYNE PERAZA
SAN PEDRO VALLEY PIZZA CO
326 ALTA VISTA
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SAN PEDRO VALLEY PIZZA CO     _________________
          326 ALTA VISTA                _________________
          SAN MANUEL, AZ 85631          _________________
Business Phone:     (520)385-2041       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160456

MANUEL Y CHAIDEZ
LA MINA
71 MAIN ST
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110016         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA MINA                       _________________
          71 MAIN ST                    _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-2687       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160457

MICHAEL CRAIG MENNENGA
M & G CASA GRANDE LLC
ARCO AM/PM
2128 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113230         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRAIG MENNENGA        _________________
Location: ARCO AM/PM                    _________________
          2245 E FLORENCE BLVD          _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)421-2263       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160458

ARLENE LINDA DOMANICO
PASSION CELLARS LLC
PASSION CELLARS
7040 W LARIAT
PEORIA AZ 85383

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133033         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARLENE LINDA DOMANICO         ___________________
Location: PASSION CELLARS               ___________________
          417 HULL AVENUE               ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (602)750-7771       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133037         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARLENE LINDA DOMANICO         ___________________
Location: ECHO CANYON WINERY            ___________________
          419 HULL AVE                  ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (602)750-7771       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160459

HERLINDA REYES
SKYLINE MARKET
676 E HARRISON ST
CHANDLER AZ 85225

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113103         Renew? ______Yes_____No
Status:   Active           Status Date:     4/11/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SKYLINE MARKET                _________________
          5650 E SKYLINE DR             _________________
          QUEEN CREEK, AZ 85242         _________________
Business Phone:     (480)987-4838       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160460

MICHAEL CRONN CHRISTIE
STORM CENTRAL LLC
MILL AT CROWN KING
PO BOX 425
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130078         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRONN CHRISTIE        _________________
Location: MILL AT CROWN KING            _________________
          23 CROWN KING RD              _________________
          CROWN KING, AZ 86343          _________________
Business Phone:     (928)632-7133       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160461

CLARE HOLLIE ABEL
SAM'S WEST INC
SAM'S CLUB #4856
508 SW 8TH ST
DEPT 8916
BENTONVILLE AR 72716-0500

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110058         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #4856              ___________________
          2425 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (480)893-1555       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09130017         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #4977              ___________________
          5757 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)778-5042       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160462

MICHAEL JOHN STALLONE
MSLF ENTERPRISES LLC
TAILGATERS SPORTS GRILL & IL PRIMO PIZZA & WINGS
7160 E PAV WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133459         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOHN STALLONE         _________________
Location: TAILGATERS SPORTS GRILL & IL PRIMO PIZZA & WINGS_________________
          7160 E PAV WAY                _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-0000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160463

SONIA ISABEL GAMEZ WETMORE
J & J RESTAURANT
224 N CORTEZ ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133627         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: J & J RESTAURANT              _________________
          224 N CORTEZ ST               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-1756       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160464

BARRY LEE BARBE
MARINA VENTURES LLC
EL GATO AZUL
316 W GOODWIN
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133290         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRY LEE BARBE               ___________________
Location: EL GATO AZUL                  ___________________
          316 W GOODWIN                 ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-1070       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160465

KIRK KOKOSKA
CLUB AT ENCANTERRA LLC
CLUB AT ENCANTERRA
8800 N GAINEY CENTER DR # 350
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110044         Renew? ______Yes_____No
Status:   Active           Status Date:     2/21/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIRK  KOKOSKA                 __________________
Location: CLUB AT ENCANTERRA            __________________
          36460 N ENCANTERRA DR         __________________
          SAN TAN VALLEY, AZ 85140      __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160466

CAROL JEAN SATRAN
ROBBIE'S LLC
ROBBIE'S
P O BOX 233
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133578         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROL JEAN SATRAN             _________________
Location: ROBBIE'S                      _________________
          3460 BEAVER CREEK RD          _________________
          RIMROCK, AZ 86335             _________________
Business Phone:     (928)592-9171       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160467

ALEJANDRO GARCIA
GARCIA AND SANCHEZ PARTNERSHIP
CASA SANCHEZ RESTAURANT
1459 W GURLEY
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133347         Renew? ______Yes_____No
Status:   Active           Status Date:     1/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEJANDRO  GARCIA             ___________________
Location: CASA SANCHEZ RESTAURANT       ___________________
          1459 W GURLEY ST              ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)771-9505       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160468

KEVIN SCOTT GRUBB
ARIZONA STRONGHOLD VINEYARDS LLC
PROVISIONER WINES
4700 OLD HWY 279
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133015         Renew? ______Yes_____No
Status:   Active           Status Date:     7/21/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN SCOTT GRUBB             _________________
Location: PROVISIONER WINES             _________________
          4700 OLD STATE HWY 279 #B     _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)639-2789       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN SCOTT GRUBB             _________________
Location: ARIZONA STRONGHOLD VINEYARDS  _________________
          4700 OLD STATE HWY 279 #A     _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)639-2789       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160469

SIMON JOHN HAMILTON SMITH
NICHOLS WEST LLC
NICHOLS WEST
P O BOX 279
CONGRESS AZ 85332

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133439         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SIMON JOHN HAMILTON SMITH     ___________________
Location: NICHOLS WEST                  ___________________
          22525 W ST RTE 71             ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-0235       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160470

BRIAN BENNETT COLE
LONESOME VALLEY BREWING PARTNERSHIP
LONESOME VALLEY BREWING
3040 N WINDSONG DR SUITE 101
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133575         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN BENNETT COLE            ___________________
Location: LONESOME VALLEY BREWING       ___________________
          3040 WINDSONG DR STE 101      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)515-3541       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160471

ADAM JOSEPH GARBINSKI
SALSA RESTAURANT LLC
GARCIA'S MEXICAN RESTAURANT
615 W 11TH ST
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133261         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADAM JOSEPH GARBINSKI         ___________________
Location: GARCIA'S MEXICAN RESTAURANT   ___________________
          2992 PARK AVE STE B           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-9499       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160472

EDWARD H JOHNSON, JR.
JOHNSON EDWARD ET AL
RT 66 CHEVRON
P O BOX 68
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133063         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD H JOHNSON, JR.         ___________________
Location: RT 66 CHEVRON                 ___________________
          527 OLD RTE 66                ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (520)422-3662       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160473

EDWIN THOMAS CONWAY
SEDONA ROUGE LLC
REDS
2250 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWIN THOMAS CONWAY           ___________________
Location: REDS                          ___________________
          2250 W HWY 89 A               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-4111       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160474

GEORGE LEONARD ENGLE
CST ARIZONA LLC
CORNER STORE #1678
P O BOX 690007
SAN ANTONIO TX 78269

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113265         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: CORNER STORE #1678            ___________________
          37657 N GANTZEL RD            ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)503-2343       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113277         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/7/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CORNER STORE #1610            ___________________
          35850 N GARY DR               ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     pending             __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160475

EVA M CORNEJO
CORNEJO ENTERPRISES INC
EVA'S FINE MEXICAN FOOD
117 N SACATON ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110042         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA M CORNEJO                 _________________
Location: EVA'S FINE MEXICAN FOOD       _________________
          7087 SUNLAND GIN RD           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-7944       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160476

WALTER BRENT KYTE
PIZZA HUT OF COTTONWOOD INC
PIZZA HUT WINGSTREET
5902 E PIMA
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130077         Renew? ______Yes_____No
Status:   Pending          Status Date:     3/2/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT WINGSTREET          ___________________
          472 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-8212       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160477

ANDREA DAHLMAN LEWKOWITZ
COFFEE HOUSE HOLDINGS INC
STARBUCKS COFFEE #19168
P O BOX 34442
ATTN: MAILSTOP S-TAX2 LICENSE SERVICES
SEATTLE WA 98124

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133636         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 #19168       __________________
          1861 E HWY 69                 __________________
          PRESCOTT, AZ 86301            __________________
Business Phone:     (928)445-4265       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     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#  12133639         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 #24425       __________________
          1885 W SR 89A                 __________________
          SEDONA, AZ 86336              __________________
Business Phone:     (928)300-5842       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160478

RANDY D NATIONS
TEE JAY FUELS LLC
AJ'S MINI MART
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113166         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: AJ'S MINI MART                ___________________
          3940 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-0393       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160479

THERESA JUNE MORSE
HOT PIZZAS LLC
PIZZA HUT
P O BOX 4179
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110056         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: PIZZA HUT                     ___________________
          240 S PHELPS DR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-1155       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160480

MEHMOOD MOHIUDDIN
DASH IN
2345 N APACHE TRAIL
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113136         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: DASH IN                       ___________________
          2345 N APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85119     ___________________
Business Phone:     (480)983-1756       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160481

BRANDON DIEU TAT
T & L CONVENIENCE LLC
T & L CONVENIENCE LLC
3209 N SPYGLASS CT
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113208         Renew? ______Yes_____No
Status:   Active           Status Date:     7/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDON DIEU TAT              _________________
Location: T & L CONVENIENCE LLC         _________________
          411 N ARIZONA BLVD            _________________
          COOLIDGE, AZ 85128            _________________
Business Phone:     (520)723-3377       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160482

JARED MICHAEL REPINSKI
AMERICAN LEGION #78
AMERICAN LEGION #78
P O BOX 940
HUMBOLDT AZ 86329

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14131001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: AMERICAN LEGION #78           ___________________
          HWY 69                        ___________________
          HUMBOLDT, AZ 86327            ___________________
Business Phone:     (928)632-5185       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160483

LEX D KRIEGER
K & G SERVICES INC
HOTEL ST MICHAEL / CAFE ST MICHAEL
205 W GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11131003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEX D KRIEGER                 _________________
Location: HOTEL ST MICHAEL / CAFE ST MICHAEL_________________
          205 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-1999       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160484

RONG HUI ZHAO
EASTLAND INTERNATIONAL LLC
LOTUS GARDEN CHINESE CUISINE
2116 E ALOE PL
CHANDLER AZ 85286

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113228         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONG HUI ZHAO                 ___________________
Location: LOTUS GARDEN CHINESE CUISINE  ___________________
          183 W APACHE TRAIL #104       ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-8668       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160485

RONALD HENRY MARTINSON
BPOE #330
BPOE #330
P O BOX 27199
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130007         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD HENRY MARTINSON        ___________________
Location: BPOE #330                     ___________________
          6245 E 2ND ST                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160486

MICHAEL JAMES PIAS
AMERICAN LEGION #25
AMERICAN LEGION #25
480 S CALVARY WAY
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133003         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES PIAS            ___________________
Location: AMERICAN LEGION #25           ___________________
          480 S CALVARY WAY             ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160487

CLARE HOLLIE ABEL
OTG COTTONWOOD LLC
COYOTE TRAILS GOLF COURSE
1480 W ANNA'S AVE
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07133002         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: COYOTE TRAILS GOLF COURSE     ___________________
          1480 GROSETA RANCH RD         ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-1093       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160488

EMIL K MARTAN
EDDIE'S TOWING INC
PICACHO PEAK GARAGE & C STORE
P O BOX 1250
RED ROCK AZ 85145

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113028         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMIL K MARTAN                 ___________________
Location: PICACHO PEAK GARAGE & C STORE ___________________
          I-10 PICACHO PEAK EXIT        ___________________
          PICACHO, AZ 85241             ___________________
Business Phone:     (520)466-7425       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160489

SCOTT HOWARD BUCKLEY
MAIN STREET CAFE & PIZZERIA LLC
MAIN STREET CAFE & PIZZERIA
PO BOX 272
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133410         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT HOWARD BUCKLEY          ___________________
Location: MAIN STREET CAFE & PIZZERIA   ___________________
          920 MAIN ST                   ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)649-3070       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160490

GAYLE MARIE SCHMIDT
AZ WINGS MANAGEMENT INC
BUFFALO WILD WINGS
2487 S GILBERT RD # 106-469
GILBERT AZ 85295

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113251         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GAYLE MARIE SCHMIDT           ___________________
Location: BUFFALO WILD WINGS            ___________________
          859 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (602)741-4825       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160491

TARIQ J HUSAYNO
DATE TREE LLC
APACHE MINI MART
2925 W SUPERSTITION BLVD
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09114000         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TARIQ J HUSAYNO               ___________________
Location: APACHE MINI MART              ___________________
          2925 W SUPERSTITION BLVD      ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)983-5570       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160492

DONALD JOSEPH RIFFEL
DEBB LLC
MAIN STAGE
65 PINTO LN
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130001         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD JOSEPH RIFFEL          ___________________
Location: MAIN STAGE                    ___________________
          1 SOUTH MAIN ST               ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)254-1632       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160493

SAAD NEMER SAAD
TWO BROTHERS VI INC
VALERO IN THE ZONE
16416 N 92ND ST #B110
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113091         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAAD NEMER SAAD               ___________________
Location: VALERO IN THE ZONE            ___________________
          28 N SIGNAL BUTTE RD          ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)443-4700       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160494

LISA ANN WHITTEN
BIG QUICK'S BBQ LLC
BIG QUICK'S BBQ
11680 N BIZNAGA ST
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113240         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA ANN WHITTEN              _________________
Location: BIG QUICK'S BBQ               _________________
          727 GRESSINGER ST             _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)518-5119       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160495

RICHARD EDWIN SKLADZIEN
DEL RIO SPRINGS VINEYARD LLP
DEL RIO SPRINGS VINEYARD LLP
974 N GRANDVIEW
PAULDEN AZ 86334

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133043         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD EDWIN SKLADZIEN       ___________________
Location: DEL RIO SPRINGS VINEYARD LLP  ___________________
          974 N GRANDVIEW               ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-9046       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160496

COLLEEN MARIE KENDALL
WINDSOCK LLC
WINDSOCK
1836 TIMBER COVE LN
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130016         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLLEEN MARIE KENDALL         ___________________
Location: WINDSOCK                      ___________________
          1365 IRON SPRINGS RD STE A-6   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)776-7309       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160497

DAVID SUMNER PIZER
CREEKSIDE PRESERVE INC
CREEKSIDE PRESERVE LODGE
11255 STATE RT 69
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133031         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID SUMNER PIZER            ___________________
Location: CREEKSIDE PRESERVE LODGE      ___________________
          11255 STATE RT 69             ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)632-0777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160498

LORI JEAN MABERY
MABERY RANCH COMPANY LLC
BLAZIN M RANCH
P O BOX 160
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10133232 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LORI JEAN MABERY _____
Location: BLAZIN M RANCH _____
1875 MABERY RANCH RD #2 _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-0334 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 12133490 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LORI JEAN MABERY _____
Location: BLAZIN' M RANCH _____
1875 MABERY RANCH RD STE #1 _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-0334 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160499

JOEL AARON SWIRSKY
LGJ FAMILY RESTAURANTS LLC
DENNY'S RESTAURANT
7925 E HWY 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131083         Renew? ______Yes_____No
Status:   Active           Status Date:     3/21/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOEL AARON SWIRSKY            ___________________
Location: DENNY'S RESTAURANT            ___________________
          7925 E HWY 69                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (520)7723738        __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160500

GIL EDWARD NEWTON
TAYLOR KEEHNER POST 79 DEPT OF ARIZONA
AMERICAN LEGION #79
P O BOX 341
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GIL EDWARD NEWTON             ___________________
Location: AMERICAN LEGION #79           ___________________
          22911 LOOKA WAY               ___________________
          YARNELL, AZ 85362             ___________________
Business Phone:     (928)427-3735       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160501

CHARLES RAYMOND HENDERSON
AMERICAN LEGION #6
AMERICAN LEGION #6
P O BOX 1949
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130015         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES RAYMOND HENDERSON     ___________________
Location: AMERICAN LEGION #6            ___________________
          202 S PLEASANT                ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-6628       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160502

MICHAEL DAVID DOWLING
JET WARMER LLC
BARBUDOS MEXICAN GRILL & CANTINA
1042 WILLOW CREEK RD #107
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133572         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DAVID DOWLING         _________________
Location: BARBUDOS MEXICAN GRILL & CANTINA_________________
          1042 WILLOW CREEK RD #107     _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)443-0102       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160503

JOHN JOSEPH SHEAFFER
KPM BRAND LLC
BLACK CANYON CITY KOA
19600 E ST JOSEPH RD
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130011         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JOSEPH SHEAFFER          ___________________
Location: BLACK CANYON CITY KOA         ___________________
          19600 E ST JOSEPH RD          ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5318       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160504

MARIA GUADALUPE BARRIENTOS QUIROZ
DEMARCO'S PIZZERIA & ITALIAN RESTAURANT LLC
DEMARCO'S PIZZERIA
P O BOX 5272
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113246         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA GUADALUPE BARRIENTOS QUIROZ_________________
Location: DEMARCO'S PIZZERIA            _________________
          1885 W AMERICAN AVE           _________________
          ORACLE, AZ 85623              _________________
Business Phone:     (520)896-9627       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160505

KIM KENNETH KWIATKOWSKI
CIRCLE K STORES INC
CIRCLE K STORE # 3470
LICENSING DC-36
P O BOX 52085
PHOENIX AZ 85072

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110011 Renew? _____Yes_____No
Status: Active Status Date: 1/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3470 _____
2382 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-0235 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110012 Renew? _____Yes_____No
Status: Active Status Date: 11/28/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3390 _____
18141 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-1416 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110013 Renew? _____Yes_____No
Status: Active Status Date: 2/15/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K #6639 _____
21212 N JOHN WAYNE PARKWAY _____
MARICOPA, AZ 85239 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110014 Renew? _____Yes_____No
Status: Pending Status Date: 2/12/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #527 _____
831 WESTERN AVE _____
SUPERIOR, AZ 85273 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110015 Renew? _____Yes_____No
Status: Active Status Date: 4/18/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2928 _____
2000 AMERICAN AVE _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-9822 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110016 Renew? _____Yes_____No
Status: Active Status Date: 10/14/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #661 _____
105 S MAIN ST _____
FLORENCE, AZ 85232 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110017 Renew? _____Yes_____No
Status: Active Status Date: 11/30/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5918 _____
320 HUNT HWY _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)987-0053 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110018 Renew? _____Yes_____No
Status: Pending Status Date: 6/14/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2931 _____
1503 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 09110019 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2947 _____
3125 N TOLTEC RD _____
ELOY, AZ 85231 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110026 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3440 _____
40900 N IRONWOOD RD _____
SAN TAN VALLEY, AZ 85140 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110076 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2934 _____
HWY 84 _____
STANFIELD, AZ 85272 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09113001 Renew? _____Yes_____No
Status: Active Status Date: 7/24/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8746 _____
85 W SUPERSTITION BLVD _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)982-1005 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09113002 Renew? _____Yes_____No
Status: Active Status Date: 7/26/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1989 _____
3135 W SUPERSTITION BLVD _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09114002 Renew? _____Yes_____No
Status: Active Status Date: 10/30/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2943 _____
495 S ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7233 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09115000 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3442 _____
1550 W APACHE TRL _____
APACHE JUNCTION, AZ 85120 _____
Business Phone: _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09116001 Renew? _____Yes_____No
Status: Active Status Date: 11/17/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #853 _____
HWY 77 & FRONTAGE _____
MAMMOTH, AZ 85618 _____
Business Phone: (520)487-2621 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09116003 Renew? _____Yes_____No

Status: Active Status Date: 2/19/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0867 _____
1587 N TREKELL RD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-7214 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117000 Renew? _____Yes_____No
Status: Active Status Date: 3/3/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2930 _____
2194 N TREKELL RD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-1486 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117001 Renew? _____Yes_____No
Status: Active Status Date: 12/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3385 _____
1776 E MCCARTNEY RD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-5157 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117002 Renew? _____Yes_____No
Status: Pending Status Date: 2/12/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2933 _____
1250 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7378 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130009 Renew? _____Yes_____No
Status: Active Status Date: 10/13/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)

Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #607 _____
10 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130010 Renew? _____Yes_____No
Status: Active Status Date: 4/25/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1389 _____
6051 HWY 179 _____
SEDONA, AZ 86336 _____
Business Phone: (520)284-1630 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130027 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1535 _____
2570 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09133002 Renew? _____Yes_____No
Status: Active Status Date: 8/8/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5326 _____
1910 N HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-9827 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134000 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1995 _____

3101 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)776-1271 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134002 Renew? _____Yes_____No
Status: Active Status Date: 10/26/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #781 _____
10068 S HWY 69 _____
MAYER, AZ 86333 _____
Business Phone: (928)632-7347 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134003 Renew? _____Yes_____No
Status: Active Status Date: 12/24/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #7929 _____
6000 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-7329 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10110011 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1556 _____
2360 W BROADWAY AVE _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10110022 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2935 _____
612 W FRONTIER ST _____
ELOY, AZ 85231 _____

Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10110023 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2938 _____
20 S MAIN ST _____
FLORENCE, AZ 85232 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10111041 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #233 _____
817 N MAIN _____
ELOY, AZ 85231 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113138 Renew? _____Yes_____No
Status: Active Status Date: 4/18/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0660 _____
335 W AMERICAN AVE PO BOX 314 _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-9330 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113222 Renew? _____Yes_____No
Status: Active Status Date: 4/10/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3444 _____
2933 S TOMAHAWK RD _____
APACHE JUNCTION, AZ 85219 _____
Business Phone: (480)982-3582 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113245 Renew? _____Yes_____No
Status: Inactive Status Date: 3/17/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3472 _____
1113 W US HWY 60 _____
SUPERIOR, AZ 85173 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113246 Renew? _____Yes_____No
Status: Inactive Status Date: 2/18/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3473 _____
1541 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: pending _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113247 Renew? _____Yes_____No
Status: Active Status Date: 12/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2910 _____
822 E JIMMIE KERR BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)421-2086 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113249 Renew? _____Yes_____No
Status: Inactive Status Date: 4/14/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE#3388 _____
4295 W HUNT HWY _____
SAN TAN VALLEY, AZ 85142 _____
Business Phone: PENDING _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113268 Renew? _____Yes_____No
Status: Inactive Status Date: 11/24/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3485 _____
1415 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: pending _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113275 Renew? _____Yes_____No
Status: Inactive Status Date: 5/26/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3492 _____
255 S MAIN ST _____
FLORENCE, AZ 85132 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130012 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1010 _____
MONTEZUMA CASTLE RD & FRONTAGE _____
CAMP VERDE, AZ 86322 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130016 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1840 _____
6150 HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (520)772-8642 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 10130021 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #759 _____
8200 HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133207 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1576 _____
1245 E GURLEY ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-2012 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133299 Renew? _____Yes_____No
Status: Inactive Status Date: 2/9/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3489 _____
700 W FINNIE FLAT RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: PENDING _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133300 Renew? _____Yes_____No
Status: Inactive Status Date: 4/12/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3491 _____
7035 E 1ST ST _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160506

JUAN A QUEZADA BENITES
CILANTRO'S LLC
CILANTRO'S MEXICAN COCINA
20928 N JOHN WAYNE PKWY #C-8
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113233         Renew? ______Yes_____No
Status:   Active           Status Date:     8/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN A QUEZADA BENITES        ___________________
Location: CILANTRO'S MEXICAN COCINA     ___________________
          20928 N JOHN WAYNE PKWY #C-8   ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:     (520)568-3144       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160507

NICHOLAS GENE CALIA
CALIA'S INVESTMENTS LLC
BACKBURNER FAMILY RESTAURANT
8400 E LONG MESA DR #B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133634         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS GENE CALIA           ___________________
Location: BACKBURNER FAMILY RESTAURANT  ___________________
          8400 E LONG MESA DR #B        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-9298       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160508

DAVID VINCENT MARINO
MOB BURGER LLC
MARINO'S MOB BURGERS & ICE CREAM
755 KOPAVI TRL
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133647         Renew? ______Yes_____No
Status:   Active           Status Date:     4/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID VINCENT MARINO          _________________
Location: MARINO'S MOB BURGERS & ICE CREAM_________________
          113 S CORTEZ ST               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)515-1690       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160509

KRYSTAL KAY BURGE
FORK IN THE ROAD INC
MURPHY'S
P O BOX 3459
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133064         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             _________________
Location: MURPHY'S                      _________________
          201 N CORTEZ                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-4044       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133065         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             _________________
Location: GURLEY STREET GRILL           _________________
          230 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)445-3388       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160510

MIKE L MORTENSEN
BMR INC
MESA APACHE JUNCTION KOA
1540 S TOMAHAWK RD
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113016         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIKE L MORTENSEN              _________________
Location: MESA APACHE JUNCTION KOA      _________________
          1540 S TOMAHAWK RD            _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (480)982-4015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160511

PEDRO RODRIGUEZ-ACERO
CYNTHANNA INC
CONCHO'S MEXICAN FOOD
1657 S VERDE DR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133241         Renew? ______Yes_____No
Status:   Active           Status Date:     10/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEDRO  RODRIGUEZ-ACERO        _________________
Location: CONCHO'S MEXICAN FOOD         _________________
          206 S MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)649-9680       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160512

ERIC HONG
B A HONG INC
ORIGINAL CHEVRON
1515 N 75TH AVE
PHOENIX AZ 85043

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113112         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC  HONG                    __________________
Location: ORIGINAL CHEVRON              __________________
          2012 N TREKELL                __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160513

ERNEST Q OLIVAS
OLIVAS ERNEST ET AL
OLIVAS' MEXICAN FOODS'
8370 E HWY 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERNEST Q OLIVAS               _________________
Location: OLIVAS' MEXICAN FOODS'        _________________
          3041 N COCHISE                _________________
          PRESCOTT VALLEY, AZ 86312     _________________
Business Phone:     (928)772-6070       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160514

RICHARD ARTHUR IANTAFFI
SHORTY'S TAVERN LLC
SHORTY'S
145 W CENTRAL AVE
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110061         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD ARTHUR IANTAFFI       ___________________
Location: SHORTY'S                      ___________________
          145 W CENTRAL AVE             ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (480)390-9984       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160515

RANDY D NATIONS
CGP PRESCOTT LAKES BEVCO LLC
CLUB AT PRESCOTT LAKES
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130092         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CLUB AT PRESCOTT LAKES        ___________________
          315 E SMOKE TREE LN           ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-3500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160516

RANDALL JOHN BONNEVILLE
RANDALL'S LLC
RANDALL'S
1030 N PRESCOTT COUNTRY CLUB BLVD
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133617         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL JOHN BONNEVILLE       _________________
Location: RANDALL'S                     _________________
          1030 N PRESCOTT COUNTRY CLUB BLVD   __________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)772-8812       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160517

JESSICA LEE HALL
HALL INC
PRESCOTT GOLF & COUNTRY CLUB
1030 N PRESCOTT COUNTRY CLUB BLVD
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130032         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSICA LEE HALL              ___________________
Location: PRESCOTT GOLF & COUNTRY CLUB  ___________________
          1030 N PRESCOTT COUNTRY CLUB BLVD   ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)772-8984       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160518

LUIS MIGUEL BARAJAS
BARAJAS MARKET LLC
BARAJAS MARKET
2536 N DERBY CT
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113218         Renew? ______Yes_____No
Status:   Active           Status Date:     1/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUIS MIGUEL BARAJAS           ___________________
Location: BARAJAS MARKET                ___________________
          36750 W HWY 84                ___________________
          STANFIELD, AZ 85172           ___________________
Business Phone:     (520)424-0087       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160519

MILDRETH LUCIA MELGAR
CARNICERIA PV
P O BOX 821
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133295         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CARNICERIA PV                 ___________________
          8147 E SPOUSE DR #A, B, C     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-1852       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160520

RANDALL WILLIAM HALE
MANZANITA RESTAURANT LLC
MANZANITA RESTAURANT
PO BOX 1193
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133358         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL WILLIAM HALE          ___________________
Location: MANZANITA RESTAURANT          ___________________
          11425 E CORNVILLE RD          ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)634-8851       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160521

MICHAEL JAMES CAHILL
BARKING FROG LLC
BARKING FROG
260 VAN DEREN RD
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133380         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES CAHILL          _________________
Location: BARKING FROG                  _________________
          2620 W HWY 89-A               _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)204-5803       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160522

EARL ARTHUR PETZNICK, JR.
RED RIVER CATTLE LLP
DANCING APACHE RANCH
5601 W ELLIOT
LAVEEN AZ 85339

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133025         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL ARTHUR PETZNICK, JR.     ___________________
Location: DANCING APACHE RANCH          ___________________
          1902 N DANCING APACHE RD      ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (602)237-4233       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160523

NICHOLAS CHARLES BOUTIN
RUBIOS RESTAURANT INC
RUBIO'S FRESH MEXICAN GRILLE
1902 WRIGHT PL STE 300
CARLSBAD CA 92008

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113161         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CHARLES BOUTIN       ___________________
Location: RUBIO'S FRESH MEXICAN GRILLE  ___________________
          847 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85209         ___________________
Business Phone:     (520)421-2214       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160524

GILBERTO MARTINEZ
LA CASITA OF AJ
495 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113200         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASITA OF AJ               _________________
          495 W APACHE TRAIL            _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)671-1601       __________
% 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_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160525

H J LEWKOWITZ
ARIZONA RENAISSANCE LIMITED PARTNERSHIP
ARIZONA RENAISSANCE FESTIVAL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110033         Renew? ______Yes_____No
Status:   Seasonal         Status Date:     1/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ARIZONA RENAISSANCE FESTIVAL  ___________________
          12601 E US HWY 60             ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (520)463-2600       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160526

VERNON REX CULLUM
TARA THAI PRESCOTT LLC
TARA
115 S CORTEZ ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133582         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNON REX CULLUM             ___________________
Location: TARA                          ___________________
          115 S CORTEZ ST               ___________________
          PRESCOTT, AZ 86314            ___________________
Business Phone:     (928)772-3249       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160527

KEVIN NORTON
SALT MINE WINE LLC
SALT MINE VINEYARDS
536 W SALT MINE RD
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133044         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN  NORTON                 _________________
Location: SALT MINE VINEYARDS           _________________
          536 W SALT MINE RD            _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (602)568-7555       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160528

JEFFREY DONALD WASOWICZ
J A FLATS INC
EVENTS CENTER
3001 MAIN ST STE 2B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130080         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY DONALD WASOWICZ       ___________________
Location: EVENTS CENTER                 ___________________
          3201 N MAIN ST                ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8844       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160529

SAMANTHA RENE MISITA
GENERAL KEARNY INN LLC
GENERAL KEARNY INN
PO BOX 188
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06116003         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMANTHA RENE MISITA          _________________
Location: GENERAL KEARNY INN            _________________
          301 ALDEN RD                  _________________
          KEARNY, AZ 85137              _________________
Business Phone:     (520)363-5505       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160530

ANTHONY LEE SCHAIBLE
JAVALINA CROSSING SALOON INC
JAVALINA CROSSING
P O BOX 730
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130068         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY LEE SCHAIBLE          ___________________
Location: JAVALINA CROSSING             ___________________
          34441 S OLD BLACK CANYON HWY   ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-9593       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160531

JING YUE JEFF ZHEN
JEFF & XUAN INC
HONG KONG KITCHEN
314 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113078         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JING YUE JEFF ZHEN            ___________________
Location: HONG KONG KITCHEN             ___________________
          314 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160532

CLARENCE JAMES SELLS, II
PAGO'S PIZZERIA LLC
PAGO'S PIZZERIA & ITALIAN CUISINE
6446 HWY 179 #221
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133376         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARENCE JAMES SELLS, II      _________________
Location: PAGO'S PIZZERIA & ITALIAN CUISINE_________________
          6446 STATE ROUTE 179 #221     _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-1939       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160533

MICHAEL SMITH, JR.
JHTM LLC
OLDE SEDONA RESTAURANT
1405 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133405         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL  SMITH, JR.           ___________________
Location: OLDE SEDONA RESTAURANT        ___________________
          1405 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-5670       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160534

ELVIRA VARELA
HACIENDA INN
P O BOX 41
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133464         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HACIENDA INN                  _________________
          1330 E SR 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-9947       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160535

AMANDA MARIA CORDOBA
NEO CORSO LLC
EL CHARRO NORTE
120 N MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133644         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMANDA MARIA CORDOBA          _________________
Location: EL CHARRO NORTE               _________________
          2879 ARIZONA TR               _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)899-1962       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160536

JOHN FRANCIS KENNELLY
HISTORIC BREWING CO LLC
HISTORIC BREWING CO
233 RODEO RD
WILLIAMS AZ 86046

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130022         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN FRANCIS KENNELLY         ___________________
Location: HISTORIC BREWING CO           ___________________
          7000 ST HWY 179 STE D104      ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     PENDING             __________

Renewal Fees:
     License Renewal:                   75.00
     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

RH160537

EDWARD BRUCE MARTAN
EDDIE'S PLACE INC
EDDIE'S PLACE
17928 S MARTAN DR
PICACHO AZ 85141

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110047         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD BRUCE MARTAN           _________________
Location: EDDIE'S PLACE                 _________________
          HWY 84                        _________________
          PICACHO, AZ 85241             _________________
Business Phone:     (520)466-3001       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160538

MARY ALICE LEDOUX
CAPTAINS INC
CAPTAIN'S
P O BOX 3451
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110085         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY ALICE LEDOUX             _________________
Location: CAPTAIN'S                     _________________
          300 W APACHE TRAIL #118       _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)288-2590       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160539

CHRISTOPHER LEE DOBROWOLSKI
VILLAGE SCHOOLHOUSE LLC
SCHOOLHOUSE RESTAURANT
1865 W SR 89A STE C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133613         Renew? ______Yes_____No
Status:   Active           Status Date:     5/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER LEE DOBROWOLSKI   ___________________
Location: SCHOOLHOUSE RESTAURANT        ___________________
          7000 HWY 179 #C 106           ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2240       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160540

ANGELA MC GINN
R & A LA FONDA MEXICAN FOODS INC
LA FONDA MEXICAN RESTAURANT
P O BOX 1305
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133142         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELA  MC GINN               ___________________
Location: LA FONDA MEXICAN RESTAURANT   ___________________
          2750 W HORSESHOE BEND         ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-3500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160541

JACK EDWARD GUTH
QUEEN'S NEIGHBOR ART GALLERY
310 QUEEN ST
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07134000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: QUEEN'S NEIGHBOR ART GALLERY  _________________
          310 QUEEN ST                  _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)639-1456       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160542

SAIED ZAIA ASMAR
CORDES MARKET LLC
CORDES MARKET
20183 E STAGECOACH TRL
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133172         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAIED ZAIA ASMAR              ___________________
Location: CORDES MARKET                 ___________________
          20183 STAGECOACH TL           ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)642-1310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160543

LISA R FAIRBANKS
WAHOO'S INC
WAHOO'S RESTAURANT & BAR
11123 E QUADE AVE
MESA AZ 85212

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113264         Renew? ______Yes_____No
Status:   Active           Status Date:     3/9/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA R FAIRBANKS              ___________________
Location: WAHOO'S RESTAURANT & BAR      ___________________
          6030 S KINGS RANCH RD         ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-3333       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160544

ROBERT ROY DELSI
OLD TOWN ALE HOUSE INC
OLD TOWN ALE HOUSE
412 N FLORENCE ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110035         Renew? ______Yes_____No
Status:   Active           Status Date:     3/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ROY DELSI              _________________
Location: OLD TOWN ALE HOUSE            _________________
          412 N FLORENCE ST             _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)269-0140       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160545

WES CHARLES SCHEMMER
CHARLES STARR CORPORATION
VINO DI SEDONA
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130063 Renew? _____Yes_____No
Status: Active Status Date: 12/23/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WES CHARLES SCHEMMER _____
Location: VINO DI SEDONA _____
2575 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)554-4682 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 10133278 Renew? _____Yes_____No
Status: Active Status Date: 12/23/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WES CHARLES SCHEMMER _____
Location: VINO DI SEDONA _____
2575 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)554-4682 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160546

MUHAMMAD ZIAULLAH
DASH IN
2345 N APACHE TRAIL
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110014         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: DASH IN                       _________________
          2345 N APACHE TRAIL           _________________
          APACHE JUNCTION, AZ 85119     _________________
Business Phone:     (480)983-1756       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160547

MELVIN W CHILDERS
CHAPARRAL CONVENIENCE STORE
1034 3RD AVE
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10110005         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CHAPARRAL CONVENIENCE STORE   ___________________
          2400 HWY 77                   ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-2015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160548

CHAD FIELDING HALL SPECTOR
HALL SPECTOR LLC
GRASSHOPPER GRILL
1160 B S PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133509         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHAD FIELDING HALL SPECTOR    ___________________
Location: GRASSHOPPER GRILL             ___________________
          1160 B S PAGE SPRINGS RD      ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-9211       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160549

KELLEY CHRISTINA CABRAL
KITCHENS INC
GABBY'S GRILL
2982 N PARK AVE STE B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133608         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLEY CHRISTINA CABRAL       ___________________
Location: GABBY'S GRILL                 ___________________
          2982 PARK AVE STE B           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)277-1787       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160550

ANDREA DAHLMAN LEWKOWITZ
AHWATUKEE GOLF PROPERTIES LLC
DUKE AT RANCHO EL DORADO
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110056         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: DUKE AT RANCHO EL DORADO      ___________________
          42660 W RANCHO EL DORADO PKWY   ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-4300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160551

BRUCE WAYNE HOLBROOK
FLORENCE BLVD FUEL 2 LLC
DISCOVERY MARKETS
1223 S CLEARVIEW AVE #109
MESA AZ 85209

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113269         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE WAYNE HOLBROOK          ___________________
Location: DISCOVERY MARKETS             ___________________
          2128 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-1994       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160552

ALAN ROBERT TOBISH
V F W #7400
V F W #7400
P O BOX 689
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133000         Renew? ______Yes_____No
Status:   Active           Status Date:     4/26/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALAN ROBERT TOBISH            ___________________
Location: V F W #7400                   ___________________
          705 E ASPEN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-9769       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160553

CLAIRE JULIA BULLIVANT
BEAD & BERRY LLC
BEAD & BERRY
21903 N BRADFORD DR
MARICOPA AZ 85138

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113262         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLAIRE JULIA BULLIVANT        _________________
Location: BEAD & BERRY                  _________________
          20800 N JOHN WAYNE PKWY #115   __________________
          MARICOPA, AZ 85139            _________________
Business Phone:     (520)233-2213       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160554

KEVIN ARNOLD KRAMBER
ORE HOUSE HILLTOP TAVERN LLC
ORE HOUSE HILLTOP TAVERN
PO BOX 116
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110062         Renew? ______Yes_____No
Status:   Active           Status Date:     3/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: ORE HOUSE HILLTOP TAVERN      ___________________
          1200 N JEFFERSON DR           ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-3334       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160555

KEVIN JOHN KELLY
N & D RESTAURANTS LLC
OLIVE GARDEN ITALIAN RESTAURANT #1756
P O BOX 695016
ORLANDO FL 32869

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113174         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JOHN KELLY              _________________
Location: OLIVE GARDEN ITALIAN RESTAURANT #1756_________________
          717 N PROMENADE PARKWAY       _________________
          CASA GRANDE, AZ 85294         _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133432         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JOHN KELLY              _________________
Location: OLIVE GARDEN ITALIAN RESTAURANT #1645_________________
          3060 HWY 69                   _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)541-9194       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160556

MEMI CALVERT PERKINS
SU CASA OF CLARKDALE INC
SU CASA
P O BOX 870
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131075         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEMI CALVERT PERKINS          _________________
Location: SU CASA                       _________________
          1000 MAIN ST                  _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)634-2771       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160557

MICHAEL VAL BENEDETTO
ARIZONA CITY GOLF LLC
ARIZONA CITY COUNTRY CLUB AND GOLF COURSE
P O BOX 3857
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL VAL BENEDETTO         ___________________
Location: ARIZONA CITY COUNTRY CLUB AND GOLF COURSE___________________
          13939 CLEATOR                 ___________________
          ARIZONA CITY, AZ 85223        ___________________
Business Phone:     (520)466-5248       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160558

RINA RAFAELA RIEN
CASA GRANDE MAIN STREET
CASA GRANDE MAIN STREET
P O BOX 10062
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110028         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/16/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RINA RAFAELA RIEN             ___________________
Location: CASA GRANDE MAIN STREET       ___________________
          110 W 2ND ST #107 & 108       ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-8744       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160559

JAMAL ESSA ABDALLAH
SEDONA FOUR LLC
SEDONA FOUR
5050 S ARIZONA AVE
CHANDLER AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133264         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMAL ESSA ABDALLAH           ___________________
Location: SEDONA FOUR                   ___________________
          1990 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0174       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160560

LEX ALLEN GUINN
LYZZARD'S LLC
LYZZARDS LOUNGE
120 N CORTEZ ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130035         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEX ALLEN GUINN               ___________________
Location: LYZZARDS LOUNGE               ___________________
          120 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2244       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160561

JOSE DOMINGO CARRILLO
CARRILLO'S PRODUCE & MAYA'S MERCADO
8989 N COYOTE SPRINGS RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133184         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CARRILLO'S PRODUCE & MAYA'S MERCADO___________________
          3900 N ROBERT RD              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-7040       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160562

HELEN MARIE FORD
HELEN'S KITCHEN LLC
HELEN'S KITCHEN
19171 N JOHN WAYNE PKWY
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113235         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HELEN MARIE  FORD             _________________
Location: HELEN'S KITCHEN               _________________
          19171 N JOHN WAYNE PKWY       _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)233-2057       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160563

SVEN THOMAS WHITE
PIZZA JOINT LLC
PIZZA JOINT
P O BOX 633
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130010         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SVEN THOMAS WHITE             _________________
Location: PIZZA JOINT                   _________________
          21455 W OLD HWY 66            _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-4788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160564

CARIE SHANNON HUGHES
CHERRY CREEK RANCH LLC
CHERRY CREEK RANCH
P O BOX 1828
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130072         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARIE SHANNON HUGHES          _________________
Location: CHERRY CREEK RANCH            _________________
          CHERRY RD 1 MILE EAST OF DEWEY   __________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)848-8717       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160565

JAMILA LOUISE ADAM
FINISH LINE PRODUCTIONS LLC
FINISH LINE CANTINA
955 E JULIE AVE
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07113000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMILA LOUISE ADAM            ___________________
Location: FINISH LINE CANTINA           ___________________
          59 W MCCORMICK                ___________________
          QUEEN CREEK, AZ 85240         ___________________
Business Phone:     (480)299-7270       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160566

LISA GAYLE YOUNG
MY DOBRO LLC
STEAK N STUFF RESTAURANT & TAVERN
608 E BOW MAKER TRL
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130008         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA GAYLE YOUNG              _________________
Location: STEAK N STUFF RESTAURANT & TAVERN_________________
          1100 STATE RTE 260 #21        _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-1404       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160567

SHERESA KATHLEEN COOK
COOKS CORKS LLC
CORK AND CUISINE
3298 N GLASSFORD HILL RD # 104-162
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133568         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHERESA KATHLEEN COOK         ___________________
Location: CORK AND CUISINE              ___________________
          2985 N CENTRE COURT #B        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)237-1510       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160568

JOHN J NIELSEN
PRESCOTT BREWING CO INC
PRESCOTT BREWING CO
130 W GURLEY ST #A
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130064         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN J NIELSEN                _________________
Location: PRESCOTT BREWING CO           _________________
          130 W GURLEY ST #A            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)771-2795       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160569

CECIL E MILLER
MILLER ENTERPRISES INC
PLAZA BOWL
6301 E 2ND ST
PRESCOTT VALLEY AZ 85314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130046         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECIL E MILLER                _________________
Location: PLAZA BOWL                    _________________
          127 PLAZA DR                  _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-8300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06130049         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECIL E MILLER                _________________
Location: ANTELOPE LANES                _________________
          6301 E 2ND ST                 _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-7501       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160570

MIKHAEL HANNA CHAHOUD
JDGJ LLC
CHICAGO PIZZA & PUB
1441 E LOS ARBOLES DR
TEMPE AZ 85284

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110006         Renew? ______Yes_____No
Status:   Active           Status Date:     7/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIKHAEL HANNA CHAHOUD         ___________________
Location: CHICAGO PIZZA & PUB           ___________________
          40975 N IRONWOOD #108         ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)987-3004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160571

VIRLIE LOUISE NUGENT
R NUGENT & ASSOCIATES INC
SUPERSTITION SKIES RESTAURANT & BAR
1125 N VALLEY DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIRLIE LOUISE NUGENT          ___________________
Location: SUPERSTITION SKIES RESTAURANT & BAR___________________
          945 E SCENIC ST               ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-5726       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160572

CHARLES THEODORE SARBER
V F W #1677
V F W #1677
111 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES THEODORE SARBER       ___________________
Location: V F W #1677                   ___________________
          111 E 2ND ST                  ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-5199       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160573

JARED MICHAEL REPINSKI
CATALINAS RECEPTION HALL LLC
CATALINAS RECEPTION HALL
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110054         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: CATALINAS RECEPTION HALL      ___________________
          958 E RODEO RD #20            ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)251-1544       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160574

CRAIG A KUHSE
KUHSE CRAIG ET AL
CORDES CHEVRON
220 S RIVER DR
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10131022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG A KUHSE                 _________________
Location: CORDES CHEVRON                _________________
          19625 E CORDES LAKES RD       _________________
          MAYER, AZ 86333               _________________
Business Phone:     (928)632-8558       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160575

PHILIP JESSE GREEN, SR.
OB SPORTS F/B MANAGEMENT (SED) LLC
SEDONA GOLF RESORT
7025 E GREENWAY PKWY #550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130059         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP JESSE GREEN, SR.       ___________________
Location: SEDONA GOLF RESORT            ___________________
          35 RIDGE TRL DR               ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-9355       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160576

MICHAEL JAMES ANDERSON
OLD TOWN BEER CO LLC
BOOTLEGGERS SALOON & BROTHAL
1028 N MAIN ST STE B
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES ANDERSON        ___________________
Location: BOOTLEGGERS SALOON & BROTHAL  ___________________
          1028 N MAIN ST STE B          ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)852-0088       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160577

H J LEWKOWITZ
COST PLUS INC
COST PLUS WORLD MARKET
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113155         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COST PLUS WORLD MARKET        _________________
          1005 N PROMENADE PKWY STE105   _________________
          CASA GRANDE, AZ 85294         _________________
Business Phone:     (520)374-2300       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133138         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COST PLUS WORLD MARKET        _________________
          3320 GATEWAY BLVD             _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)776-7945       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160578

ROBERT SCOTT WOHRMAN
GALLOPIN GOOSE SALOON INC
GALLOPIN GOOSE SALOON
1980 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT SCOTT WOHRMAN          _________________
Location: GALLOPIN GOOSE SALOON         _________________
          1980 S ARIZONA BLVD           _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-0300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160579

KENNETH JON VEGORS
S L V PROPERTIES LLC
MOUNTAIN BROOK GOLF CLUB
13845 N NORTHSIGHT BLVD #200
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110079         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH JON VEGORS            ___________________
Location: MOUNTAIN BROOK GOLF CLUB      ___________________
          5783 MOUNTAIN BROOK DR        ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)671-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160580

DON PAUL BURTON
BURTON FAMILY ENTERPRISES INC
PRESCOTT JUNCTION
235 VALLEY VIEW CT
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130012         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DON PAUL BURTON               ___________________
Location: PRESCOTT JUNCTION             ___________________
          1121 E SHELDON AVE            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-4029       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160581

ESMERALDA DE LA CRUZ JEREZ
CINCO PESOS INC
DE LA CRUZ MEXICAN GRILLE
10 W MAIN ST
MESA AZ 85201

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113058         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ESMERALDA DE LA CRUZ JEREZ    ___________________
Location: DE LA CRUZ MEXICAN GRILLE     ___________________
          5301 S SUPERSTITION MTN DR STE 111   ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)982-5401       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160582

LISA DAHL
JWJ TWIN SOULS LLC
DAHL & DI LUCA RISTORANTE ITALIANO
7000 HWY 179 STE 126A
C/O CUCINA RUSTICA
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: DAHL & DI LUCA RISTORANTE ITALIANO_________________
          2321 W HWY 89A                _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (520)282-5219       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133544         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: PISA LISA                     _________________
          2245 W HIGHWAY 89A            _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-5472       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160583

RICHARD SCOTT TEEL
RED LOBSTER HOSPITALITY LLC
RED LOBSTER #0623
P O BOX 6508
ATTN LICENSING
ORLANDO FL 32802-6508

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133593         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD SCOTT TEEL            _________________
Location: RED LOBSTER #0623             _________________
          1821 E HWY 69                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-2717       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160584

JOHN MARK RAMAGLI, JR.
VILLAGE GRIND LLC
VILLAGE GRIND
7000 STATE RTE 179 B110
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133651         Renew? ______Yes_____No
Status:   Active           Status Date:     5/17/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MARK RAMAGLI, JR.        ___________________
Location: VILLAGE GRIND                 ___________________
          7000 STATE RTE 179 B110       ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2883       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160585

JAMES FRANCISCO RUIZ
COPPERNET SYSTEMS INC
CACTUS VIDEO & MINI MART
P O BOX 358
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113167         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANCISCO RUIZ          ___________________
Location: CACTUS VIDEO & MINI MART      ___________________
          352 ALDEN RD                  ___________________
          KEARNY, AZ 85137              ___________________
Business Phone:     (520)363-5111       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160586

JEFFERY ALAN BICK
KMART CORPORATION
BIG KMART #9101
3333 BEVERLY RD B2-113A
HOFFMAN ESTATES IL 60179

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113026         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALAN BICK             _________________
Location: BIG KMART #9101               _________________
          1214 E FLORENCE BLVD          _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)836-3466       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALAN BICK             _________________
Location: BIG KMART #4880               _________________
          7550 E STATE RTE 69           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-0017       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160587

ROSALENA PALACIO INZUNZA
CAROL & LENA'S PARTNERSHIP
QUEEN VALLEY COUNTRY CLUB
953 W SILVERKING RD
QUEEN VALLEY AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110088         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSALENA PALACIO INZUNZA      _________________
Location: QUEEN VALLEY COUNTRY CLUB     _________________
          685 N FAIRWAY DR              _________________
          QUEEN VALLEY, AZ 85118        _________________
Business Phone:     (520)463-2070       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160588

CRAIG MICHEAL GATHMAN
GATHMAN ENTERPRISES LLC
ADDICTIONS BAR & GRILL
1590 SWENSON ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130006         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG MICHEAL GATHMAN         ___________________
Location: ADDICTIONS BAR & GRILL        ___________________
          1590 SWENSON ST               ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)237-9029       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160589

SUSAN DEE DANIELS
LUXE LEISURE LIVING LLC
POINT
3965 RUNNING IRON DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130031         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN DEE DANIELS             ___________________
Location: POINT                         ___________________
          114 N MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)925-2038       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160590

FREDERICK ROBERT KRAUS
OAK CREEK BREWING CO LLC
OAK CREEK BREWING CO
2050 YAVAPAI DRIVE UNIT #2C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130042         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDERICK ROBERT KRAUS        ___________________
Location: OAK CREEK BREWING CO          ___________________
          2050 YAVAPAI DR               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)204-1300       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160591

JEAN MARIE POPE
POPE ENTERPRISES INC
HISTORIC RT 66 GENERAL STORE
P O BOX 5
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130060         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEAN MARIE POPE               ___________________
Location: HISTORIC RT 66 GENERAL STORE  ___________________
          506 W HWY 66                  ___________________
          SELIGMAN, AZ 86337-0005       ___________________
Business Phone:     (928)422-3549       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160592

GEORGE IRA ATWELL
SADDLEBROOKE RANCH HOMEOWNERS ASSOCIATION INC
LA HACIENDA CLUB
9532 E RIGGS RD
SUN LAKES AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110025         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             ___________________
Location: LA HACIENDA CLUB              ___________________
          59638 E ROBSON CIR            ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)818-6010       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160593

DEBORAH LEVIN STAMM
BIRD CAGE SALOON
160 S MONTEZUMA
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130066         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BIRD CAGE SALOON              _________________
          160 S MONTEZUMA               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)778-9921       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160594

DAVID ANDREW ZOOK
LOG CABIN LLC
LOG CABIN
P O BOX 635
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130077         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ANDREW ZOOK             ___________________
Location: LOG CABIN                     ___________________
          18 N HWY 89                   ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (520)636-4271       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160595

LIESELOTTE RUSSELL
LILO ENTERPRISES INC
WESTSIDE LILOS CAFE
P O BOX 55
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133059         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LIESELOTTE  RUSSELL           _________________
Location: WESTSIDE LILOS CAFE           _________________
          415 W CHINO ST                _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-5456       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160596

WILLIAM MALCOLM MURRAY
VERDE LEA MARKET
516 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133115         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VERDE LEA MARKET              _________________
          516 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-8731       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160597

HOWARD EVERETT MAGEE
CARIOCA COMPANY
CARIOCA MINIT MARKET #12
2601 W DUNLAP AVE #10
PHOENIX AZ 85021

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113261 Renew? _____Yes_____No
Status: Active Status Date: 3/31/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: CARIOCA MINIT MARKET #12 _____
63715 E SADDLEBROOK BLVD _____
TUCSON, AZ 85739-1258 _____
Business Phone: (520)818-0901 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130040 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARVIN LEROY ROSE _____
Location: SHELL #23 _____
I-17 & HWY 69 _____
CORDES LAKES, AZ 86333 _____
Business Phone: (520)395-2600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10131004 Renew? _____Yes_____No
Status: Active Status Date: 6/24/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARVIN LEROY ROSE _____
Location: SHELL #48 _____
I-17 FINNIE FLAT RD. _____
CAMP VERDE, AZ 86322 _____
Business Phone: (520)395-2600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133064 Renew? _____Yes_____No
Status: Active Status Date: 12/7/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARVIN LEROY ROSE _____
Location: SHELL #47 _____
898 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (520)3952600 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133099 Renew? _____Yes_____No
Status: Active Status Date: 3/5/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #56 _____
1325 IRON SPRINGS RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)771-0636 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133103 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #62 _____
4596 N ROBERT RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)775-3288 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133104 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #61 _____
333 GROVE ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-0751 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133105 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #60 _____
8233 E HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (928)772-8316 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

```
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10133162         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD EVERETT MAGEE          ___________________
Location: SHELL #63                     ___________________
          995 S HWY 89                  ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-2291       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160598

NASSER NAJAF SULTAN SHAMS
SHAMS BROTHERS LLC
CANYON TOBACCO & LIQUOR
7138 E HWY 60
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09116000         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NASSER NAJAF SULTAN SHAMS     ___________________
Location: CANYON TOBACCO & LIQUOR       ___________________
          6499 S KINGS RANCH RD #D      ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-1822       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160599

LAUREN KAY MERRETT
ET ENCOUNTER DINER LLC
ET ENCOUNTER
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133594         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            _________________
Location: ET ENCOUNTER                  _________________
          1655 W SR 89                  _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-6070       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160600

JUSTIN COREY SERFASS
DRUNKEN DONKEY MICROBREW & SPORTS GRILL LLC
THIRSTY DONKEY TAP HOUSE & SPORTS GRILL
8633 W JENAN DR
PEORIA AZ 85345

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110046         Renew? ______Yes_____No
Status:   Active           Status Date:     5/25/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUSTIN COREY SERFASS          ___________________
Location: THIRSTY DONKEY TAP HOUSE & SPORTS GRILL___________________
          1601 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)788-6390       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160601

THERESA JUNE MORSE
PIZZA PICAZZO LLC
PICAZZO'S GOURMET PIZZA & SALAD
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133196         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: PICAZZO'S GOURMET PIZZA & SALAD_________________
          1855 WEST HWY 89A             _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-4140       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160602

THERESA JUNE MORSE
TORTILLAS MI PUEBLITO INC
TORTILLAS MI PUEBLITO
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113248         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: TORTILLAS MI PUEBLITO         ___________________
          706 N HWY 77                  ___________________
          MAMMOTH, AZ 85618             ___________________
Business Phone:     (520)487-2123       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160603

SIMON TOONG FOOK HO
HO AND HO ENTERPRISE INC
RED CHOPSTICK
111 BELL ROCK PLAZA
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133325         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SIMON TOONG FOOK HO           ___________________
Location: RED CHOPSTICK                 ___________________
          111 BELL ROCK PLAZA           ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-9088       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160604

EDWARD PAUL LEUER
BPOE #1361
BPOE #1361
P O BOX 488
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD PAUL LEUER             ___________________
Location: BPOE #1361                    ___________________
          100 S BROADWAY                ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-5611       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160605

CHARLES TERRANCE MOORE
WC RESTAURANT LLC
WILLOW CREEK RESTAURANT
2516 WILLOW CREEK RD
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133289         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES TERRANCE MOORE        ___________________
Location: WILLOW CREEK RESTAURANT       ___________________
          2516 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-1065       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160606

NASSER NAJAF SULTAN SHAMS
BAHRAIN INVESTMENTS LLC
GOLD CANYON SHELL
7138 E HWY 60
GOLD CANYON AZ 85218

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113185         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NASSER NAJAF SULTAN SHAMS     ___________________
Location: GOLD CANYON SHELL             ___________________
          7138 E HWY 60                 ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)671-7182       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160607

ALICE MILLICENT SIMMONS
WHODA THUNKIT LLC
JUDI'S RESTAURANT & LOUNGE
P O BOX 4055
WEST SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133590         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALICE MILLICENT SIMMONS       ___________________
Location: JUDI'S RESTAURANT & LOUNGE    ___________________
          40 SOLDIER PASS RD STE 20     ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4449       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160608

WILLIAM J STALTARI
SAN DOMINIQUE WINERY
P O BOX 2089
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13130003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SAN DOMINIQUE WINERY          ___________________
          I-17 & HWY 169                ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (602)549-9787       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160609

SAMUEL WALLACE PILLSBURY
PILLSBURY WINE COMPANY NORTH LLC
PILLSBURY WINE COMPANY NORTH
4109 E VIA ESTRELLA
PHOENIX AZ 85028

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133021         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL WALLACE PILLSBURY      ___________________
Location: PILLSBURY WINE COMPANY NORTH  ___________________
          1012 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-0646       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160610

GEORGE LEONARD ENGLE
CST ARIZONA STATIONS INC
DIAMOND SHAMROCK ARIZONA #1647
P O BOX 690007
SAN ANTONIO TX 78269-0007

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113032         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: DIAMOND SHAMROCK ARIZONA #1647___________________
          2341 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-5648       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113251         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: CORNER STORE #1668            ___________________
          2182 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (480)503-2343       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160611

ANDREA DAHLMAN LEWKOWITZ
DT MANAGEMENT LLC
HILTON SEDONA RESORT
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: HILTON SEDONA RESORT          __________________
          90 RIDGE TRAIL DR             __________________
          SEDONA, AZ 86351              __________________
Business Phone:     (928)284-4040       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160612

GERARD LOUIS MOCERI
GMG ROSE INC
GERARDOS ITALIAN KITCHEN
106 N LARIAT WAY
PAYSON AZ 85541

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133637         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERARD LOUIS MOCERI           ___________________
Location: GERARDOS ITALIAN KITCHEN      ___________________
          2675 SR 89A STE B             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)862-4009       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160613

JOHN MARK RAMAGLI, JR.
J WINE BISTRO LLC
J WINE BISTRO
2023 N 86TH PL
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12133642 Renew? _____Yes_____No
Status: Inactive Status Date: 3/1/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN MARK RAMAGLI, JR. _____
Location: J WINE BISTRO _____
7000 STATE HWY 179 STE #E100 _____
SEDONA, AZ 86351 _____
Business Phone: (480)678-2288 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160614

JENNIFER JERL MC CORMACK
JJ MAC'S LLC
JJ'S
444 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130061         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER JERL MC CORMACK      _________________
Location: JJ'S                          _________________
          444 W GOODWIN ST              _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-9867       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160615

FLYNN FRANCIS NEELAMKAVIL
BLUE EYE COMMUNICATIONS LLC
RUINS
1167 W MESQUITE ST
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110070         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FLYNN FRANCIS NEELAMKAVIL     ___________________
Location: RUINS                         ___________________
          1140 N ARIZONA BLVD           ___________________
          COOLIDGE, AZ 85128-3204       ___________________
Business Phone:     (520)723-5200       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160616

TONY VANG
TONY & BAO LLC
FUJIYAMA JAPANESE RESTAURANT & SUSHI BAR
7112 E DODGE CIR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133338         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TONY  VANG                    _________________
Location: FUJIYAMA JAPANESE RESTAURANT & SUSHI BAR_________________
          1781 E HWY 69 STE 37          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-8659       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160617

SHERYL LYNN OLSON
SELIGMAN MINI MART LLC
OLSONS SELIGMAN MINI MART
P O BOX 355
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133006         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHERYL LYNN OLSON             ___________________
Location: OLSONS SELIGMAN MINI MART     ___________________
          I 40 & CAMPWOOD RD            ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3586       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160618

SHANE DOUGLAS SMITH
OLD TOWN RED ROOSTER CAFE LLC
OLD TOWN RED ROOSTER CAFE
901 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133476         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHANE DOUGLAS SMITH           ___________________
Location: OLD TOWN RED ROOSTER CAFE     ___________________
          901 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8100       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160619

RAFAEL REYNA ORTEGA
REYNA CARDENAS LLC
LINDO MEXICO RESTAURANTE MEXICANO
8341 E SOMMER DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133605         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAFAEL  REYNA ORTEGA          ___________________
Location: LINDO MEXICO RESTAURANTE MEXICANO___________________
          1260 GAIL GARDNER WAY STE A   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)776-5152       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160620

MAYNARD JAMES KEENAN
MERKIN V & O MARKET CAFE LLC
MERKIN V & O MARKET CAFE
PO BOX 905
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133022         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAYNARD JAMES KEENAN          ___________________
Location: MERKIN V & O MARKET CAFE      ___________________
          9655 E CORNVILLE RD           ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160621

PHYLLIS IRENE REZZONICO
C V FEED & COUNTRY STORE INC
C V FEED & COUNTRY STORE
584 S MAIN ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130040         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHYLLIS IRENE REZZONICO       ___________________
Location: C V FEED & COUNTRY STORE      ___________________
          584 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-3351       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160622

NORMAN DWAYNE WARREN
NORM'S HOMETOWN GROCERY LLC
NORMS IGA
P O BOX 549
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113263         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NORMAN DWAYNE WARREN          ___________________
Location: NORMS IGA                     ___________________
          344 ALDEN RD                  ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-5595       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160623

BARRINGTON KENNETH CAMPBELL
BARRINGTON'S PUB LLC
BARRINGTON'S PUB
1442 E 11TH ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110090         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRINGTON KENNETH CAMPBELL   __________________
Location: BARRINGTON'S PUB              __________________
          864 E JIMMIE KERR BLVD        __________________
          CASA GRANDE, AZ 85122         __________________
Business Phone:     (520)421-1582       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160624

YOLANDA R OLMEDO
CASA DE LAS MARGARITAS LLC
CASA DE LAS MARGARITAS
77 GENERAL CROOK TRAIL
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133501         Renew? ______Yes_____No
Status:   Active           Status Date:     1/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YOLANDA R OLMEDO              ___________________
Location: CASA DE LAS MARGARITAS        ___________________
          77 GENERAL CROOK TRAIL        ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-2435       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160625

ROBIN ANN HOULT
GRANITE CREEK VINEYARDS
2515 N RD 1 NE
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GRANITE CREEK VINEYARDS       _________________
          2515 N RD 1 NE                _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-2922       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160626

JUVENTINO QUIROZ
T&M PIZZA INC
T&M PIZZA ITALIAN RESTAURANTE
1609 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113250         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUVENTINO  QUIROZ             ___________________
Location: T&M PIZZA ITALIAN RESTAURANTE ___________________
          1609 E FLORENCE BLVD STE 1    ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)316-0656       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160627

LINDA DAWN STAPLEY
PUB & GRUB LLC
PUB & GRUB
P O BOX 1151
REDWAY CA 95560

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130042         Renew? ______Yes_____No
Status:   Pending          Status Date:     6/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA DAWN STAPLEY            ___________________
Location: PUB & GRUB                    ___________________
          2501 VILLAGE DR               ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)821-0545       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160628

RUBY ALI
VIJA TRUCK STOP LLC
VIJA TRUCK STOP
4614 W MARLETTE AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113183         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUBY  ALI                     _________________
Location: VIJA TRUCK STOP               _________________
          52745 W I 8 EXIT 151          _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)424-3175       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160629

MEHMOOD MOHIUDDIN
HITCHING POST LLC
HITCHING POST PIZZA PUB
2341 N APACHE TRAIL
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110064         Renew? ______Yes_____No
Status:   Active           Status Date:     12/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEHMOOD  MOHIUDDIN            ___________________
Location: HITCHING POST PIZZA PUB       ___________________
          2341 N APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85119     ___________________
Business Phone:     (480)983-8800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160630

MICHELLE ANN DEWITT
RED ROCK CAFE LLC
RED ROCK CAFE
100 VERDE VALLEY SCHOOL RD STE 107
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
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☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133420         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE ANN DEWITT           _________________
Location: RED ROCK CAFE                 _________________
          100 VERDE VALLEY SCHOOL RD STE 107   __________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-1441       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160631

DARYL MONROE DAVIS
LT RESTAURANTS LLC
LEFF-T'S STEAKHOUSE AND GRILL
P O BOX 950
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133422         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARYL MONROE DAVIS            ___________________
Location: LEFF-T'S STEAKHOUSE AND GRILL ___________________
          150 S HWY 69 #12              ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)632-1388       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160632

VINTON LESLIE FUGATE
CORBY OF ARIZONA INC
MINING CAMP RESTAURANT
P O BOX 456
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113112         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINTON LESLIE FUGATE          ___________________
Location: MINING CAMP RESTAURANT        ___________________
          6100 E MINING CAMP ST         ___________________
          APACHE JUNCTION, AZ 85119     ___________________
Business Phone:     (480)982-3181       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160633

CHUCK BIRRENBACH
ARROWHEAD BAR & GRILL LLC
ARROWHEAD BAR & GRILL
P O BOX 1043
CONGRESS AZ 85332

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130037         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHUCK  BIRRENBACH             _________________
Location: ARROWHEAD BAR & GRILL         _________________
          25575 N HWY 89                _________________
          CONGRESS, AZ 85332            _________________
Business Phone:     (928)427-3212       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160634

BRUCE SCOTT REID
REID INVESTORS LLC
WHISKEY ROW PUB
144 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130074         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE SCOTT REID              _________________
Location: WHISKEY ROW PUB               _________________
          144 S MONTEZUMA ST            _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-1244       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160635

SCOTT EDISON SIMMONS
6 TOP LLC
BAJA FRESH
3088 N GLASSFORD HILL RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133468         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT EDISON SIMMONS          ___________________
Location: BAJA FRESH                    ___________________
          3088 N GLASSFORD HILL RD      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-1705       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160636

ERIC WILLIAM BUCHHOLTZ
MIRAGE AJ LLC
MIRAGE SPORTS GRILL
725 W APACHE TRAIL #2A
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113202         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC WILLIAM BUCHHOLTZ        ___________________
Location: MIRAGE SPORTS GRILL           ___________________
          725 W APACHE TRAIL #2A        ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-3846       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160637

FERNANDO ZUNIGA
NARISON INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
1317 1/2 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12133374 Renew? _____Yes_____No
Status: Active Status Date: 7/23/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FERNANDO ZUNIGA _____
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT_____
1317 1/2 E GURLEY ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-3716 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160638

DENA LYNN SMITH
THAI PALACE LLC
THAI PALACE
704 N BALBOA ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133371         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENA LYNN SMITH               _________________
Location: THAI PALACE                   _________________
          704 N BALBOA ST               _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)639-0444       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160639

THAO THANH VAN NGUYEN
MINH THAO ENTERPRISES LLC
BROWN & BROWN MERCANTILE
1722 E PRIMERA DR
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113159         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THAO THANH VAN NGUYEN         ___________________
Location: BROWN & BROWN MERCANTILE      ___________________
          1180 EAST JIMMIE KERR BLVD    ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-1389       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160640

DAVID CHALUPP
ENCANTO PIZZA AND WINGS LLC
ENCANTO PIZZA AND WINGS
8400 E LONG MESA DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133598         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID  CHALUPP                _________________
Location: ENCANTO PIZZA AND WINGS       _________________
          8400 E LONG MESA DR           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-5500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160641

JESSIE LEE BLACKBURN
JEWEL'S DESERT SANDS INC
JEWEL'S DESERT SANDS
1515 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSIE LEE BLACKBURN          _________________
Location: JEWEL'S DESERT SANDS          _________________
          1515 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-2852       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160642

ERICA LYNN PARKER
KMEP LLC
TWO MAMAS GOURMET PIZZA
4321 N PLAINSMAN WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12133616 Renew? _____Yes_____No
Status: Active Status Date: 5/28/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ERICA LYNN PARKER _____
Location: TWO MAMAS GOURMET PIZZA _____
221 N CORTEZ ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)443-9455 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160643

MICHAEL FRANCIS LEWIS
SAMNANI LLC
MIKE'S MINI MARKET
924 E GURLEY
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130036         Renew? ______Yes_____No
Status:   Active           Status Date:     7/6/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL FRANCIS LEWIS         ___________________
Location: MIKE'S MINI MARKET            ___________________
          924 E GURLEY                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-2410       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160644

ROSA ANZELMO
ROSA'S PIZZERIA INC
ROSA'S PIZZERIA
3020 SUNNY BRAE CIR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133489         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSA  ANZELMO                 _________________
Location: ROSA'S PIZZERIA               _________________
          330 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-7400       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160645

HAROLD MELKER OLSON
REDROCK RESTAURANTS.COM,INC
HARRY'S HIDEAWAY
15 HERITAGE CIRCLE
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133469         Renew? ______Yes_____No
Status:   Active           Status Date:     12/28/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD MELKER OLSON           ___________________
Location: HARRY'S HIDEAWAY              ___________________
          10990 E CORNVILLE RD #C       ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-2222       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160646

JITEN SIBAL
GREEN FILI LLC
FILIBERTO'S MEXICAN FOOD
2727 W SOUTHERN AVE #5
TEMPE AZ 85282

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133510         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JITEN  SIBAL                  _________________
Location: FILIBERTO'S MEXICAN FOOD      _________________
          576 MILLER VALLEY RD          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-2244       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160647

JEFFREY LEE HERBERT
SUPERSTITION MEADERY LLC
SUPERSTITION MEADERY
1710 ROLLING HILLS DR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133039         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY LEE HERBERT           ___________________
Location: SUPERSTITION MEADERY          ___________________
          120 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (480)296-4212       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160648

JARED MICHAEL REPINSKI
DESERT TUMBLEWEED LLC
TUMBLEWEED INN
1784 N PINAL AVE
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110051         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: TUMBLEWEED INN                ___________________
          3802 W FRONTIER ST            ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-9972       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160649

RONDA RAE HAYTER
PRESCOTT CRUSH LLC
PRESCOTT CRUSH
1915 ARROWHEAD DRIVE
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130057         Renew? ______Yes_____No
Status:   Active           Status Date:     3/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONDA RAE HAYTER              ___________________
Location: PRESCOTT CRUSH                ___________________
          1781 E STATE HWY 69 STE 15    ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)710-4095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160650

BEATRIZ ADRIANA RODRIGUEZ ACERO
ADRIANA'S MEXICAN RESTAURANT
1124 N MAIN ST #A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133641         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ADRIANA'S MEXICAN RESTAURANT  _________________
          1124 N MAIN ST # A            _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-1466       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160651

JOHN CARDINALI
PLANET RENTALS LLC
DESERT OASIS MARKET
P O BOX 1222
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133282         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN  CARDINALI               ___________________
Location: DESERT OASIS MARKET           ___________________
          1160 S PAGE SPRINGS RD        ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)202-3509       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160652

ARBEN BESHKU
AUROMA PIZZA
3253 W MORSE DR
ANTHEM AZ 85086

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133465         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: AUROMA PIZZA                  _________________
          850 HWY 89                    _________________
          CHINO VALLEY, AZ 85086        _________________
Business Phone:     (602)332-5445       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133560         Renew? ______Yes_____No
Status:   Active           Status Date:     1/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BENI'S PIZZA                  _________________
          34351 S OLD BLACK CANYON HWY   __________________
          BLACK CANYON CITY, AZ 85324   _________________
Business Phone:     (623)374-9492       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160653

ANTHONY JAMES PUGLIANO
AKP ENTERPRISES LLC
VILLAGE CHEVRON
P O BOX 20007
SEDONA AZ 86341

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130028         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JAMES PUGLIANO        ___________________
Location: VILLAGE CHEVRON               ___________________
          6416 HWY 179                  ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2912       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133225         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JAMES PUGLIANO        ___________________
Location: COTTONWOOD 76                 ___________________
          1475 S HYW 260                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-0405       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160654

CATHERINE ANNE SEIPPEL
V F W #6739
VFW #6739
P O BOX 1528
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CATHERINE ANNE SEIPPEL        ___________________
Location: VFW #6739                     ___________________
          277 W ST RT 260               ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-4642       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160655

LASHKAR BAINS
INDIAN RESTAURANT LLC
INDIA PALACE
1910 W HWY 89A #102
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133535         Renew? ______Yes_____No
Status:   Active           Status Date:     9/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LASHKAR  BAINS                _________________
Location: INDIA PALACE                  _________________
          1910 W HWY 89A #102           _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)204-2300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160656

JOSEPH JOHN DESALVO
RELICS LLC
HISTORIC RAINBOWS END-RELICS
3235 W HIGHWAY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130070         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH JOHN DESALVO           ___________________
Location: HISTORIC RAINBOWS END-RELICS  ___________________
          3235 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-1593       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160657

DAVID B MICHELSON
PALACE ON WHISKEY ROW L.L.C.
PALACE
120 S MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID B MICHELSON             _________________
Location: PALACE                        _________________
          120 S MONTEZUMA ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)541-1996       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160658

ERIC SYLVESTER JURISIN
BOCCE COTTONWOOD LLC
BOCCE
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130073         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        ___________________
Location: BOCCE                         ___________________
          1060 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)301-0168       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160659

PATRICIA CANDACE PLZAK
PLZAK ENTERPRISES LLC
HANDLEBAR PUB & GRILL
650 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07116000         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA CANDACE PLZAK        ___________________
Location: HANDLEBAR PUB & GRILL         ___________________
          650 W APACHE TRL              ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-2091       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160660

RANDY D NATIONS
SF MARKETS LLC
SPROUTS FARMERS MARKET #28
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133266         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS                _________________
Location: SPROUTS FARMERS MARKET #28     _________________
          5645 E STATE ROUTE 69          _________________
          PRESCOTT VALLEY, AZ 86314      _________________
Business Phone:     (928)379-8000        __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160661

ANGELINA H SALAZAR
LAS MICHOACANAS LLC
LAS MICHOACANAS RESTAURANT
P O BOX 806
MAMMOTH AZ 85618

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113225         Renew? ______Yes_____No
Status:   Active           Status Date:     1/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELINA H SALAZAR            ___________________
Location: LAS MICHOACANAS RESTAURANT    ___________________
          337 HWY 77                    ___________________
          MAMMOTH, AZ 85618             ___________________
Business Phone:     (520)487-2380       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160662

FRANKIE GAYE CROSS
ARIZONA HIDEAWAY LLC
FRANKIE'S CHUCKWAGON
PO BOX 368
PICACHO AZ 85141

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113189         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANKIE GAYE CROSS            _________________
Location: FRANKIE'S CHUCKWAGON          _________________
          18428 B S PICACHO BLVD        _________________
          PICACHO, AZ 85141             _________________
Business Phone:     (520)466-2966       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160663

PATRICK JOSEPH PAUL
HAGGEN OPCO SOUTH LLC
HAGGEN
2211 RIMLAND DR
BELLINGHAM WA 98226

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130001         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOSEPH PAUL           ___________________
Location: HAGGEN                        ___________________
          7450 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-2212       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09130002         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOSEPH PAUL           ___________________
Location: HAGGEN                        ___________________
          174 E SHELDON RD              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-5613       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160664

KENNETH JAMES BARRO
KJB ENTERPRISES INC
BARRO'S PIZZA
595 N DOBSON RD B-27
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113122         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH JAMES BARRO           _________________
Location: BARRO'S PIZZA                 _________________
          44600 SMITH ENKE RD #101      _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)494-7777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160665

CARLOS ELIAS
SAHUARO MEXICAN GRILL LLC
CARLITO'S AUTHENTIC MEXICAN GRILL
1328 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113257         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARLOS  ELIAS                 _________________
Location: CARLITO'S AUTHENTIC MEXICAN GRILL_________________
          1328 E FLORENCE BLVD          _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)836-1705       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160666

GHAZI T HADDAD
HADDAD GHAZI ET AL
MAYER MARKET
P O BOX 215
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GHAZI T HADDAD                _________________
Location: MAYER MARKET                  _________________
          HWY 69                        _________________
          MAYER, AZ 86333               _________________
Business Phone:     (928)632-7311       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160667

CRAIG MATTHEW DENNY
PUDGE & ASTI'S PUB
721 6TH ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130018         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PUDGE & ASTI'S PUB            _________________
          721 6TH ST                    _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-2893       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160668

NOE DEL TRANCITO VASQUEZ
ACCESSION LLC
DIAMOND LIL'S BAR & GRILL
695 E VASQUEZ WAY
CASA GRANDE AZ 85193

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110053         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NOE DEL TRANCITO VASQUEZ      __________________
Location: DIAMOND LIL'S BAR & GRILL     __________________
          202 E FRONTIER BLVD           __________________
          ELOY, AZ 85231                __________________
Business Phone:     (520)466-3762       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  07110013         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NOE DEL TRANCITO VASQUEZ      __________________
Location: LA NUEVA EVENT CENTER         __________________
          5841 S SANDSTONE AVE          __________________
          CASA GRANDE, AZ 85293         __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160669

MOHAMMAD TARIQ
TSN LLC
LUCKY LIQUOR STAR
11338 E BELLFLOWER CT
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110061         Renew? ______Yes_____No
Status:   Pending          Status Date:     6/9/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMMAD  TARIQ               ___________________
Location: LUCKY LIQUOR STAR             ___________________
          987 N ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-1024       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160670

EVODIO BARRIENTOS
DEMARCOS PIZZA SUBS & MORE LLC
DEMARCOS PIZZA SUBS & MORE
P O BOX 3
GLOBE AZ 85502

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113241         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVODIO  BARRIENTOS            ___________________
Location: DEMARCOS PIZZA SUBS & MORE    ___________________
          433 W HWY 60                  ___________________
          SUPERIOR, AZ 85173            ___________________
Business Phone:     (520)689-0168       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160671

BRANDY LEE VARACALLI
GUIDO'S PIZZA LLC
GUIDO'S PIZZA
150 S HWY 69 STE 3 & 4
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133427         Renew? ______Yes_____No
Status:   Active           Status Date:     9/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDY LEE VARACALLI          _________________
Location: GUIDO'S PIZZA                 _________________
          150 S HWY 69 #3 & 4           _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)632-5950       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160672

WILLIAM WARREN WALSH, JR.
BUMBLE BEE ADVENTURES LLC
BUMBLE BEE RANCH
HC 34 BOX 5075
BUMBLE BEE AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM WARREN WALSH, JR.     ___________________
Location: BUMBLE BEE RANCH              ___________________
          23925 S BUMBLE BEE RD         ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (623)374-0002       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160673

JASON BARCLAY MORRIS
GERMAN DOBSON CVS LLC
CVS/PHARMACY #06719
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110029 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #06719 _____
44274 W SMITH ENKE RD _____
MARICOPA, AZ 85138 _____
Business Phone: (520)568-8290 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110046 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #00086 _____
1686 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-4357 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130041 Renew? _____Yes_____No
Status: Active Status Date: 12/15/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS PHARMACY # 10147 _____
901 WILLOW LAKE ROAD _____
PRESCOTT, AZ 86301 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130056 Renew? _____Yes_____No
Status: Active Status Date: 5/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #10425 _____
20 AIRPORT RD _____
SEDONA, AZ 86336 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160674

H J LEWKOWITZ
CHIPOTLE MEXICAN GRILL INC
CHIPOTLE MEXICAN GRILL #2457
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12113256 Renew? _____Yes_____No
Status: Active Status Date: 7/2/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #2457 _____
21423 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85138 _____
Business Phone: (520)374-0331 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133496 Renew? _____Yes_____No
Status: Active Status Date: 11/16/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #1711 _____
351 N MONTEZUMA ST SUITE #B _____
PRESCOTT, AZ 86301 _____
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133623 Renew? _____Yes_____No
Status: Active Status Date: 9/4/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #2507 _____
5791 E STATE ROUTE 69 #100 _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)277-8299 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160675

HEATHER MARIE RAMIREZ
JAMES K & JEAN M POPE FAMILY TRUST
ROAD KILL
PO BOX 5
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130054         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HEATHER MARIE RAMIREZ         ___________________
Location: ROAD KILL                     ___________________
          502 W HWY 66                  ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3512       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160676

SARITH LON
LONGROW LLC
LUCKY STAR MARKET
204 N E ST
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110075         Renew? ______Yes_____No
Status:   Active           Status Date:     4/5/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SARITH  LON                   _________________
Location: LUCKY STAR MARKET             _________________
          204 N E ST                    _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)466-3426       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160677

DAPHANIE G HANCOCK SANCHEZ GOODMAN
G-VISION QUEST INC
GABRIELA'S TACO SHOP AND FRESH GARDEN SALSA
P O BOX 1227
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133609         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAPHANIE G HANCOCK SANCHEZ GOODMAN_________________
Location: GABRIELA'S TACO SHOP AND FRESH GARDEN SALSA___________________
          1620 STATE ROUTE 260 #D       ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-2120       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160678

DELPHINE SANDRA DEHAAN
DELL'S INC
DELL'S PIZZA
550 E COTTONWOOD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110051         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELPHINE SANDRA DEHAAN        _________________
Location: DELL'S PIZZA                  _________________
          1654 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-5391       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12110006         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELPHINE SANDRA DEHAAN        _________________
Location: DELL'S PIZZA                  _________________
          1654 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-5391       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160679

UTHAIWAN LOVINIJNAN OLSON
MAI THAI ON MAIN INC
MAI THAI ON MAIN
3190 N HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133158         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    UTHAIWAN LOVINIJNAN OLSON     ___________________
Location: MAI THAI ON MAIN              ___________________
          157 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-2999       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160680

SALVATORE MOSCATO
MOSCATO LLC
MOSCATO ITALIAN RESTAURANT
396 S MAIN ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133640         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SALVATORE  MOSCATO            ___________________
Location: MOSCATO ITALIAN RESTAURANT    ___________________
          396 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7417       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160681

JOSE LUIS ARCEO VERBERA
ALBERTO INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
164 COFFEE POT DR #G & H
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133344         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS ARCEO VERBERA       _________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT_________________
          164  COFFEE POT DR #G & H     _________________
          SEDONA, AZ 86340              _________________
Business Phone:     (928)282-2728       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160682

JESSE EDWARD DIEHL
GOLF VERDE SANTA FE INC
VERDE SANTA FE GRILL
645 S VERDE SANTA FE PKWY
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130013 Renew? _____Yes_____No
Status: Active Status Date: 9/30/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JESSE EDWARD DIEHL _____
Location: VERDE SANTA FE GRILL _____
645 S VERDE SANTA FE PKWY _____
CORNVILLE, AZ 86325 _____
Business Phone: (928)649-3541 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12133448 Renew? _____Yes_____No
Status: Active Status Date: 9/30/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JESSE EDWARD DIEHL _____
Location: VERDE SANTA FE GRILL _____
645 S VERDE SANTA FE PKWY _____
CORNVILLE, AZ 86325 _____
Business Phone: (928)649-3541 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160683

GAYLE LIANE DAVIS
FLORENCE LIQUORS
PO BOX 12120
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110038         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: FLORENCE LIQUORS              _________________
          231 N MAIN ST                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (602)541-1594       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160684

EARL JAMES BARNABY
V F W #1796
V F W #1796
P O BOX 64
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL JAMES BARNABY            ___________________
Location: V F W #1796                   ___________________
          34801 S FRONTAGE RD           ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-9246       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160685

LAUREN KAY MERRETT
GANTZEL FARMS COUNTRY STORE LLC
GANTZEL FARMS COUNTRY STORE
25 W OCOTILLO RD
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110006         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: GANTZEL FARMS COUNTRY STORE   ___________________
          25 W OCOTILLO RD              ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)888-1800       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160686

MICHAEL VASILIS KOUVELAS
HASSAYAMPA INN LLC
HASSAYAMPA INN
122 E GURLEY ST STE A100
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133010         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL VASILIS KOUVELAS      ___________________
Location: HASSAYAMPA INN                ___________________
          122 E GURLEY ST STE A100      ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-9434       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160687

FIONA CAROLINE REID
PAINTED LADY VINEYARD LLC
PAINTED LADY VINEYARD
P O BOX 293
SKULL VALLEY AZ 86338

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133035         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FIONA CAROLINE REID           ___________________
Location: PAINTED LADY VINEYARD         ___________________
          12215 W KELTON LN             ___________________
          SKULL VALLEY, AZ 86338        ___________________
Business Phone:     (928)442-9831       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160688

JULIE ANN RODRIGUEZ
RAVEN BBB LLC
PRESCOTT LOBSTER & SEAFOOD COMPANY
1402 MOYER RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133611         Renew? ______Yes_____No
Status:   Active           Status Date:     5/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIE ANN RODRIGUEZ           ___________________
Location: PRESCOTT LOBSTER & SEAFOOD COMPANY___________________
          220 W GOODWIN ST #2           ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0783       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160689

REBECCA PEGGY BACKUS
CLARKDALE LLC
CLARKDALE HOTEL AT TOWN PARK
P O BOX 869
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07137000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REBECCA PEGGY BACKUS          ___________________
Location: CLARKDALE HOTEL AT TOWN PARK  ___________________
          921 MAIN ST                   ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160690

DARRELL FRANKLIN WALLACE
C J MARKET
P O BOX 538
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113225         Renew? ______Yes_____No
Status:   Active           Status Date:     7/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: C J MARKET                    ___________________
          1111 & 1113 TILBURY DR        ___________________
          KEARNY, AZ 85137              ___________________
Business Phone:     (520)363-7207       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160691

LAUREN KAY MERRETT
TEXAS ROADHOUSE HOLDINGS LLC
TEXAS ROADHOUSE
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133409         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: TEXAS ROADHOUSE               ___________________
          3310 GATEWAY BLVD             ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-7427       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160692

ERIC STEVEN GLOMSKI
PAGE SPRINGS CELLARS INC
PAGE SPRINGS VINEYARDS & CELLARS
1500 NORTH PAGE SPRINGS ROAD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133004         Renew? ______Yes_____No
Status:   Active           Status Date:     4/27/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC STEVEN GLOMSKI           ___________________
Location: PAGE SPRINGS VINEYARDS & CELLARS___________________
          1500 NORTH PAGE SPRINGS ROAD   ___________________
          CORNVILLE, AZ 86325            ___________________
Business Phone:     (928)639-3004       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160693

JAMES DAVID RIDENHOUR, JR.
V F W #3584
V F W #3584
P O BOX 411
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES DAVID RIDENHOUR, JR.    ___________________
Location: V F W #3584                   ___________________
          405 MAIN ST                   ___________________
          SUPERIOR, AZ 85173            ___________________
Business Phone:     (520)689-5552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160694

MARCUS AMADEAU DAFONSECA
TWIST OF FATE PARTNERSHIP
MADAME MEL'S BISTRO
PO BOX 1206
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133570         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARCUS AMADEAU DAFONSECA      ___________________
Location: MADAME MEL'S BISTRO           ___________________
          412 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160695

ROBERT PETER WILLIAMS
ZEKE'S EATIN' PLACE INC
ZEKE'S EATIN PLACE
1781 E HWY 69 STE #35
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133071         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT PETER WILLIAMS         ___________________
Location: ZEKE'S EATIN PLACE            ___________________
          1781 E HWY 69 SUITE #35       ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-4602       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160696

RUDY H ESPITIA
FOE #3600
FOE #3600
218 N CORTEZ
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUDY H ESPITIA                _________________
Location: FOE #3600                     _________________
          218 N CORTEZ ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)778-6688       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160697

ANGELA MARIE RAJCICH
GAJANAND INC
SHELL FOOD MART #1
420 N APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113248         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELA MARIE RAJCICH          ___________________
Location: SHELL FOOD MART #1            ___________________
          420 N APACHE TRAIL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-6666       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160698

FRANCESCO LAWRANCE PALAZZOLO
NONNA MARIA'S PIZZA INC
NONNA MARIAS RISTORANTE & PIZZERIA
2161 ROCKCLIFF BLVD
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113098         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANCESCO LAWRANCE PALAZZOLO  ___________________
Location: NONNA MARIAS RISTORANTE & PIZZERIA___________________
          2161 ROCKCLIFF  BLVD          ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-3522       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160699

DIANN DENISE PRECHEL
A LATTE VINO LLC
A LATTE VINO COFFEE WINE BISTRO
12245 W LOGAN LN
CASA GRANDE AZ 85194

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110004         Renew? ______Yes_____No
Status:   Inactive         Status Date:     9/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANN DENISE PRECHEL          _________________
Location: A LATTE VINO COFFEE WINE BISTRO_________________
          958 E RODEO RD #1             _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)251-0088       __________

Renewal Fees:
     License Renewal:                    75.00
     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

RH160700

RANDY D NATIONS
PICTURE SHOW ENTERTAINMENT LLC
PICTURE SHOW AT FRONTIER VILLAGE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130028         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: PICTURE SHOW AT FRONTIER VILLAGE___________________
          1771 E HWY 69                ___________________
          PRESCOTT, AZ 86301           ___________________
Business Phone:     (928)237-5028      __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160701

BINH PHUOC NHAT LE
LEE'S FOODLAND MARKET LLC
LEE'S FOODLAND MARKET
308 S MAIN ST
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110040         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BINH PHUOC NHAT LE            _________________
Location: LEE'S FOODLAND MARKET         _________________
          308 S MAIN ST                 _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-4997       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160702

BILLY L YANDELL
YANDELL BILLY PARTNERSHIP
NEW CAMP STORE
P O BOX 3107-EMC
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110059         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BILLY L YANDELL               ___________________
Location: NEW CAMP STORE                ___________________
          788 N 11 MILE CORNER RD       ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)723-3972       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160703

PETER KENNETH NIEDERER
T N ENTERPRISES INC
TOP SHELF LIQUORS
P O BOX 2790
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130034         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER KENNETH NIEDERER        ___________________
Location: TOP SHELF LIQUORS             ___________________
          #1 GENERAL CROOK TRL & 736 SR 260   ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-6936       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09130046         Renew? ______Yes_____No
Status:   Active           Status Date:     3/22/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER KENNETH NIEDERER        ___________________
Location: TOPSHELF LIQUORS              ___________________
          580 E HWY 89A                 ___________________
          COTTONWOOD, AZ 86324          ___________________
Business Phone:     (928)634-1426       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160704

ALFIE BRYAN WARE
PRESCOTT CAPITAL CORP
PV WINES
7655 E FLORENTINE RD
PRESCOTT AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130059 Renew? _____Yes_____No
Status: Active Status Date: 1/2/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: PV WINES _____
7655 E FLORENTINE RD STE A _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-9665 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 09130033 Renew? _____Yes_____No
Status: Inactive Status Date: 3/21/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: LIQUOR BARN _____
7655 E FLORENTINE RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-9665 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130053 Renew? _____Yes_____No
Status: Active Status Date: 3/21/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: LIQUOR BARN _____
7655 E FLORENTINE RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-9665 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160705

GEORGE IRA ATWELL
ROBSON RANCH CG HOMEOWNERS ASSOCIATION INC
ROBSON RANCH CG GRILL
5750 N ROBSON BLVD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110037         Renew? ______Yes_____No
Status:   Active           Status Date:     6/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             _________________
Location: ROBSON RANCH CG GRILL         _________________
          5750 N ROBSON BLVD            _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)426-3332       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160706

DARSHANA BIREN PATEL
LIQUOR FACTORY & BAR LLC
LIQUOR FACTORY
930 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110047         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARSHANA BIREN PATEL          _________________
Location: LIQUOR FACTORY                _________________
          930 E FLORENCE BLVD           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-9088       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09110031         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARSHANA BIREN PATEL          _________________
Location: LIQUOR FACTORY                _________________
          930 E FLORENCE BLVD           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-9088       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160707

RICHARD JOSPEH LABAKIS
AMERICAN LEGION #9
AMERICAN LEGION #9
P O BOX 1080
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD JOSPEH LABAKIS        ___________________
Location: AMERICAN LEGION #9            ___________________
          441 N MAIN ST                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-5576       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160708

ISLAMSHAH AMLANI
AFAREEN ENTERPRISES LLC
TUMBLEWEED MARKET
7909 S DATELAND DR
TEMPE AZ 85284

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113125         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISLAMSHAH  AMLANI             ___________________
Location: TUMBLEWEED MARKET             ___________________
          13640 S SUNLAND GIN RD        ___________________
          ARIZONA CITY, AZ 85223        ___________________
Business Phone:     (520)466-6380       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160709

ALEXANDER JOHN SOLEN
CANYON TREE PATIO LLC
OAKCREEK COUNTRY CLUB/ CANYON TREE PATIO
690 BELL ROCK BLVD
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133648         Renew? ______Yes_____No
Status:   Active           Status Date:     6/27/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEXANDER JOHN SOLEN          ___________________
Location: OAKCREEK COUNTRY CLUB/ CANYON TREE PATIO___________________
          690 BELL ROCK BLVD            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160710

JOHN ALEXANDER PHILLIPS
PPLD LLC
PARK PLAZA LIQUOR & DELI
402 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07135002         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ALEXANDER PHILLIPS       ___________________
Location: PARK PLAZA LIQUOR & DELI      ___________________
          402 W GOODWIN ST              ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)541-9894       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09135002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ALEXANDER PHILLIPS       ___________________
Location: PARK PLAZA LIQUOR & DELI      ___________________
          402 W GOODWIN ST              ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)541-9894       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160711

THOMAS O'BRIAN BEAUTY
YAVAPAI APACHE NATION
CLIFF CASTLE CASINO & HOTEL
2400 W DATSI ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06130052 Renew? _____Yes_____No
Status: Active Status Date: 9/6/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: CLIFF CASTLE CASINO & HOTEL _____
555 MIDDLE VERDE RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-7900 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10133257 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: YAVAPAI-APACHE WHITEHILLS _____
320 W CASTLE LN _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)554-0731 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133281 Renew? _____Yes_____No
Status: Active Status Date: 4/13/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: DISTANT DRUM RV RESORT _____
583 W MIDDLE VERDE RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)554-8000 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133287 Renew? _____Yes_____No
Status: Active Status Date: 5/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: MARKET PLACE _____
3400 W STATE ROUTE 260 _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-8881 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160712

JOSEPH EDWARD MOONEY
FULL MOON SALOON LLC
FULL MOON SALOON
15 RIO SINAGUA
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130067         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH EDWARD MOONEY          ___________________
Location: FULL MOON SALOON              ___________________
          7000 HWY 179 STE G-100        ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1872       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160713

NATHAN DALE REALPH
RHJ JOHNSON RANCH PIZZA LLC
ROSATI'S PIZZA
287 E HUNT HWY #108
QUEEN CREEK AZ 85243

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113220         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN DALE REALPH            ___________________
Location: ROSATI'S PIZZA                ___________________
          287 E HUNT HWY #108           ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)677-4000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160714

KAREN ELIZABETH SEARLE
PINAL COUNTY BOARD OF SUPERVISORS
PINAL COUNTY FAIRGROUNDS
P O BOX 3110 11 MI CORNER RD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05110001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAREN ELIZABETH SEARLE        ___________________
Location: PINAL COUNTY FAIRGROUNDS      ___________________
          11 MI CORNER RD               ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)723-7881       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160715

THOMAS RAY SHOPE
SHOPE ENTERPRISES
SHOPE'S MARKET
P O BOX 1627
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10111011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS RAY SHOPE              _________________
Location: SHOPE'S MARKET                _________________
          1940 S ARIZONA BLVD           _________________
          COOLIDGE, AZ 85128            _________________
Business Phone:     (520)723-4567       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160716

ERIKO HORIKAWA
HANDS ON MATH AND BRAIN TRAINING LLC
ESOJI
1004 HEAP AVE
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133624         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIKO  HORIKAWA               ___________________
Location: ESOJI                         ___________________
          1355 IRON SPRINGS RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)227-2151       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160717

MIGUEL OLVERA BAUTISTA
ALEJO'S MINI MARKET
8630 E STATE ROUTE 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133269         Renew? ______Yes_____No
Status:   Active           Status Date:     7/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ALEJO'S MINI MARKET           _________________
          8630 E STATE  ROUTE 69        _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)759-0015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160718

WILLIAM LEE HAWKINS
QUEEN CREEK XVIII LLC
LINKS AT QUEEN CREEK GOLF COURSE
7317 E GREENWAY RD
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110020         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM LEE HAWKINS           _________________
Location: LINKS AT QUEEN CREEK GOLF COURSE_________________
          445 E OCOTILLO RD             _________________
          SAN TAN VALLEY, AZ 85140      _________________
Business Phone:     (480)987-1910       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160719

MARTHA A ESCOBAR
EL PATIO BAR & GRILL
1695 E COTTONWOOD #J
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133631         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL PATIO BAR & GRILL          _________________
          1695 E COTTONWOOD #J          _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-0158       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160720

CHARANJIT SINGH BAJWA
PRIDE TRAVEL CENTER LLC
PRIDE TRAVEL CENTER
5240 S SUNLAND GIN RD
ELOY AZ 85231-9079

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113094         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARANJIT SINGH BAJWA         ___________________
Location: PRIDE TRAVEL CENTER           ___________________
          5240 S SUNLAND GIN RD         ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9681       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160721

JEFFREY HOWARD ROFF
MRS GOOCH'S NATURAL FOOD MARKETS INC
WHOLE FOODS MARKET
550 BOWIE ST
ATTN LEGAL TEAM
AUSTIN TX 78703

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130041 Renew? _____Yes_____No
Status: Active Status Date: 10/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOODS MARKET _____
1420 WEST HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)282-6311 _____

Renewal Fees:

License Renewal:	75.00
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# 10133273 Renew? _____Yes_____No
Status: Active Status Date: 9/4/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOODS MARKET _____
1420 WEST HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)282-6311 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133274 Renew? _____Yes_____No
Status: Active Status Date: 9/30/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOODS MARKET _____
1112 IRON SPRINGS RD _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)445-7370 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160722

RANDY D NATIONS
99 CENTS ONLY STORES LLC
99 CENTS ONLY STORE #219
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113241         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: 99 CENTS ONLY STORE #219      ___________________
          3003 W APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-9915       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160723

JOAO GF MINA
VAQUEROS LLC
VAQUEROS GRILL & CANTINA
486 W SALT MINE RD
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133604         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAO GF MINA                  ___________________
Location: VAQUEROS GRILL & CANTINA      ___________________
          363 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)649-9090       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH160724

LLOYD G PUGH
FLAG CAR WASH INC
BEAVER HOLLOW MINI MART
P O BOX 690
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130079         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LLOYD G PUGH                  ___________________
Location: BEAVER HOLLOW MINI MART       ___________________
          I-17 & CORNVILLE RD           ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (520)567-4605       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**