

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160001

THERESA JUNE MORSE
 POUR GROUP LLC
 SCAPEGOAT
 7150 E 5TH AVE STE 100
 SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070310 Renew? _____ Yes _____ No
Status: Active Status Date: 12/29/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: SCAPEGOAT _____
7150 E 5TH AVE STE 100 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)789-2791 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160002

BUJAR TOCI
TOCI INCORPORATED
TOCI PIZZA OF BROOKLYN
5044 W PEORIA AVE
GLENDALE AZ 85302

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070638 Renew? _____ Yes _____ No
Status: Active Status Date: 2/4/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BUJAR TOCI _____
Location: TOCI PIZZA OF BROOKLYN _____
5044 W PEORIA AVE #1A _____
GLENDALE, AZ 85304 _____
Business Phone: (623)435-1130 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160003

HEIDI SUE HAKE
DEJA VU LLC
VU TERRACE CAFE
14815 E SHEA BLVD STE 100-101
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070178 Renew? _____ Yes _____ No
Status: Active Status Date: 9/30/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: HEIDI SUE HAKE _____
Location: VU TERRACE CAFE _____
14815 E SHEA BLVD STE 100-101 _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)368-0087 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160004

MARK EDWARD SCHNEPF
FARMHOUSE AT SCHNEPF FARMS LLC
FARM HOUSE AT SCHNEPF FARMS
22601 E CLOUD RD
QUEEN CREEK AZ 85242

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/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:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

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

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

DO NOT DETACH

License# 07070502 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARK EDWARD SCHNEPF _____
Location: FARM HOUSE AT SCHNEPF FARMS _____
22601 E CLOUD RD _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)987-3333 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160005

MILLICENT JANE HILLIGARDT
FARMHOUSE RESTAURANT INC
FARMHOUSE RESTAURANT
72 N LA ARBOLETA
GILBERT AZ 85234

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070518 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MILLICENT JANE HILLIGARDT _____
Location: FARMHOUSE RESTAURANT _____
228 N GILBERT RD _____
GILBERT, AZ 85234 _____
Business Phone: (480)926-0676 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160006

NANCY MONTES
PICO 1954 LLC
TAXI INN
PO BOX 1256
PHOENIX AZ 85001

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070330 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NANCY MONTES _____
Location: TAXI INN _____
2339 E WASHINGTON ST _____
PHOENIX, AZ 85034 _____
Business Phone: (602)275-0406 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160007

ROBERTO ROSSINOVE
LAMPO NOVE LLC
VENETO TRATTORIA
6137 N SCOTTSDALE RD STE B115
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070654 Renew? _____ Yes _____ No
Status: Active Status Date: 5/15/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBERTO ROSSINOVE _____
Location: VENETO TRATTORIA _____
6137 N SCOTTSDALE RD STE B115 _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (480)948-9928 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160008

BRIAN J MEI
NELLO'S 2 INC
NELLO'S PIZZA
2950 S ALMA SCHOOL RD
MESA AZ 85210

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070474 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRIAN J MEI _____
Location: NELLO'S PIZZA _____
2950 S ALMA SCHOOL RD #16, 17 & 18 _____
MESA, AZ 85210 _____
Business Phone: (602)820-5995 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160009

MICHAEL JOSEPH BASHA
BASHAS INC
AJ'S #90
P O BOX 488
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070095 Renew? Yes No
Status: Active Status Date: 12/12/2007
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: AJ'S #90 _____
31311 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85262 _____
Business Phone: (480)575-6200 _____

Renewal Fees:
License Renewal: 75.00
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# 07070156 Renew? Yes No
Status: Active Status Date: 8/13/2004
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: AJ'S #63 _____
7141 E LINCOLN DR _____
SCOTTSDALE, AZ 85253 _____
Business Phone: (480)998-0052 _____

Renewal Fees:
License Renewal: 75.00
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# 07070287 Renew? Yes No
Status: Active Status Date: 3/14/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: AJ'S #117 _____
20050 N 67TH AVE _____
GLENDALE, AZ 85305 _____
Business Phone: (623)537-2300 _____

Renewal Fees:
License Renewal: 75.00
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# 07070774 Renew? Yes No
Status: Active Status Date: 8/18/2004
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: AJ'S #61 _____
1836 S VAL VISTA DR _____
MESA, AZ 85204 _____
Business Phone: (480)507-7280 _____

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160010

LAUREN KAY MERRETT
IMARA HOLDINGS INC
MARRIOTT RESIDENCE INN
8242 N BLACK CANYON HWY
PHOENIX AZ 85051

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070022 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MARRIOTT RESIDENCE INN _____
8242 N BLACK CANYON HWY _____
PHOENIX, AZ 85051 _____
Business Phone: (602)864-1900 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160011

MICHAEL JOHN STALLONE
STALLONE INVESTMENTS LLC
IL PRIMO PIZZA & WINGS
16880 N CAVE CREEK RD
PHOENIX AZ 85032

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070126 Renew? _____ Yes _____ No
Status: Active Status Date: 2/22/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL JOHN STALLONE _____
Location: IL PRIMO PIZZA & WINGS _____
16880 N CAVE CREEK RD _____
PHOENIX, AZ 85032 _____
Business Phone: (602)992-2224 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160012

SHAWN WILLIAM KOZAK
ETC10PHX LLC
CLARION HOTEL
5121 E LE PUENTE AVE
PHOENIX AZ 85044

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070175 Renew? _____ Yes _____ No
Status: Active Status Date: 5/21/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHAWN WILLIAM KOZAK _____
Location: CLARION HOTEL _____
5121 E LE PUENTE AVE _____
PHOENIX, AZ 85044 _____
Business Phone: (480)893-3900 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160013

ANDREA DAHLMAN LEWKOWITZ
EAGLE AZ BEVERAGE LLC
KOKOPELLI GOLF CLUB
C/O ADDISON LAW FIRM
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070192 Renew? _____ Yes _____ No
Status: Active Status Date: 4/6/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: KOKOPELLI GOLF CLUB _____
1800 W GUADALUPE RD _____
GILBERT, AZ 85233 _____
Business Phone: (480)926-3589 _____

Renewal Fees:
License Renewal: 75.00
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# 07070421 Renew? _____ Yes _____ No
Status: Active Status Date: 4/6/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: CONTINENTAL GOLF COURSE _____
7920 E OSBORN RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)941-1585 _____

Renewal Fees:
License Renewal: 75.00
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# 07070544 Renew? _____ Yes _____ No
Status: Active Status Date: 4/6/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: LEGEND AT ARROWHEAD _____
21027 N 67TH AVE _____
GLENDALE, AZ 85308 _____
Business Phone: (623)561-1902 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160014

MARK ALAN TARBELL
RESTAURANT COLLECTION LLC
WINE STORE
3213 E CAMELBACK RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070163 Renew? _____ Yes _____ No
Status: Active Status Date: 11/4/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARK ALAN TARBELL _____
Location: WINE STORE _____
3209 E CAMELBACK RD _____
PHOENIX, AZ 85018 _____
Business Phone: (602)955-9463 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160015

CAROLYN ANN ADAIR
ARIZONA TRADITIONS HOME OWNERS ASSOCIATION INC
ARIZONA TRADITIONS COMMUNITY CENTER
17221 N CITRUS RD
SURPRISE AZ 85374

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070487 Renew? _____ Yes _____ No
Status: Active Status Date: 3/5/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CAROLYN ANN ADAIR _____
Location: ARIZONA TRADITIONS COMMUNITY CENTER _____
17221 N CITRUS RD _____
SURPRISE, AZ 85374 _____
Business Phone: (623)584-2520 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160016

KUNG CHI SHEK
CAFE CHINA
20859 N 52ND AVE
GLENDALE AZ 85308

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070024 Renew? _____ Yes _____ No
Status: Active Status Date: 9/11/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: CAFE CHINA _____
5830 W THUNDERBIRD RD STE 1 _____
GLENDALE, AZ 85306 _____
Business Phone: (602)993-3993 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160017

JOSEPH MARTIN PIPOLA
CLASSIC CATERING LTD
CLASSIC CATERING
9855 W PEORIA AVE #2,3,4,5
PEORIA AZ 85345

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070014 Renew? _____ Yes _____ No
Status: Active Status Date: 10/26/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOSEPH MARTIN PIPOLA _____
Location: CLASSIC CATERING _____
9855 W PEORIA AVE # 2 3 4 5 _____
PEORIA, AZ 85345 _____
Business Phone: (623)933-4903 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160018

KEVIN ARNOLD KRAMBER
DEL PIERO LLC
QUEEN CREEK OLIVE MILL
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070442 Renew? _____ Yes _____ No
Status: Active Status Date: 7/10/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KEVIN ARNOLD KRAMBER _____
Location: QUEEN CREEK OLIVE MILL _____
25062 S MERIDIAN RD _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)888-9290 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160019

JESUS MANUEL ALTAMIRANO
MONASTERY @ FALCON FIELD LLC
MONASTERY
4810 E MCKELLIPS RD
MESA AZ 85215

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070707 Renew? _____ Yes _____ No
Status: Inactive Status Date: 12/28/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JESUS MANUEL ALTAMIRANO _____
Location: MONASTERY _____
4810 E MCKELLIPS RD _____
MESA, AZ 85215 _____
Business Phone: (480)474-4477 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160020

AMY S NATIONS
M3V LLC
M3V THE NAIL BAR
10483 E HORNE OWL TRAIL
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070635 Renew? _____ Yes _____ No
Status: Active Status Date: 12/29/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AMY S NATIONS _____
Location: M3V THE NAIL BAR _____
5450 E HIGH ST #109 _____
PHOENIX, AZ 85054 _____
Business Phone: (480)659-9556 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160021

RANDY D NATIONS
SHERWOOD FOREST LICENSING CORP
VIEWPOINT GOLF COURSE/ TERRACE GREEN
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070459 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: VIEWPOINT GOLF COURSE/ TERRACE GREEN _____
650 HAWES RD # 101 _____
MESA, AZ 85207 _____
Business Phone: (480)373-8703 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160022

TAMARA FANNIN
TAKE THE FLOOR DANCE STUDIO LLC
TAKE THE FLOOR
3153 E LINCOLN DR
PHOENIX AZ 85016

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070728 Renew? _____ Yes _____ No
Status: Active Status Date: 3/19/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TAMARA FANNIN _____
Location: TAKE THE FLOOR _____
3153 E LINCOLN DR _____
PHOENIX, AZ 85016 _____
Business Phone: (602)996-6699 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160023

KAREN JOY WATSON
KENETIX ENTERPRISE LLC
WE OLIVE & WINE BAR
PO BOX 2055
LITCHFIELD PARK AZ 85340

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070741 Renew? _____ Yes _____ No
Status: Active Status Date: 9/4/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KAREN JOY WATSON _____
Location: WE OLIVE & WINE BAR _____
1721 N DYSART RD STE A101 _____
AVONDALE, AZ 85392 _____
Business Phone: (602)696-9763 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160024

ROBERT ONG HING
SCOTTSDALE ATHLETIC CLUB INC
SCOTTSDALE ATHLETIC CLUB
6609 N SCOTTSDALE RD STE 202
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070320 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBERT ONG HING _____
Location: SCOTTSDALE ATHLETIC CLUB _____
8225 E INDIAN BEND RD _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (480)991-1571 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160025

BROOKE ALLISON ROE
BROOKE ROE LLC
PINSPARATION
30600 N PIMA RD #15
SCOTTSDALE AZ 85266

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070338 Renew? _____ Yes _____ No
Status: Active Status Date: 12/26/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BROOKE ALLISON ROE _____
Location: PINSPARATION _____
5410 E HIGH ST #105 _____
PHOENIX, AZ 85054 _____
Business Phone: (480)636-8010 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160026

JAMES ROBERT WELCH
WELCH'S GARAGE
P.O. BOX 3
WITTMANN AZ 85361

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070753 Renew? _____ Yes _____ No
Status: Active Status Date: 8/20/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: WELCH'S GARAGE _____
21201 GRAND _____
WITTMANN, AZ 85361 _____
Business Phone: (623)388-2476 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160027

KELLIE M SIMONSON
TRATTORIA FOODS LLC
STREETS OF NEW YORK
3912 W MONTE CRISTO
PHOENIX AZ 85053

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070094 Renew? _____ Yes _____ No
Status: Active Status Date: 9/1/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KELLIE M SIMONSON _____
Location: STREETS OF NEW YORK _____
5843 W THUNDERBIRD RD _____
GLENDALE, AZ 85306 _____
Business Phone: (602)843-1716 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160028

JOHN ROBERT FINN
VINUM 55 SCOTTSDALE LLC
VINUM 55 SCOTTSDALE
329 W GRANADA
PHOENIX AZ 85003

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070297 Renew? _____ Yes _____ No
Status: Active Status Date: 10/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN ROBERT FINN _____
Location: VINUM 55 SCOTTSDALE _____
15220 N 78TH WAY _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (602)883-4905 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160029

KASEM IMSUCHART
 IMSUCHART KASEM ET AL
 SIAMESE CAT THAI RESTAURANT
 5034 S PRICE RD
 TEMPE AZ 85282

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070445 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KASEM IMSUCHART _____
Location: SIAMESE CAT THAI RESTAURANT _____
5034 S PRICE RD _____
TEMPE, AZ 85282 _____
Business Phone: (602)820-0406 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160030

RANDY D NATIONS
J ROWE ENTERPRISES LLC
BRASS TAP
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070480 Renew? _____ Yes _____ No
Status: Active Status Date: 1/29/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: BRASS TAP _____
1033 N DOBSON RD #104 _____
MESA, AZ 85201 _____
Business Phone: _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160031

ALAN WILLIAM MC JUNKIN
SUNLAND VILLAGE EAST GOLF CLUB INC
SUNLAND VILLAGE EAST GOLF CLUB
2250 S BUTTERCUP ST
MESA AZ 85208

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070798 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ALAN WILLIAM MC JUNKIN _____
Location: SUNLAND VILLAGE EAST GOLF CLUB _____
2250 S BUTTERCUP ST _____
MESA, AZ 85208 _____
Business Phone: (480)373-8748 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160032

ERIC CURTIS GRONNING
NELLO'S 5 INC
NELLO'S
1806 E SOUTHERN AVE
TEMPE AZ 85282

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070473 Renew? _____ Yes _____ No
Status: Active Status Date: 11/24/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ERIC CURTIS GRONNING _____
Location: NELLO'S _____
1806 E SOUTHERN AVE _____
TEMPE, AZ 85282 _____
Business Phone: (480)897-2060 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160033

JENNA RUTH ROUSSEAU
CENTRAL WINE LLC
CENTRAL WINE
1942 E SAN MIGUEL AVE
PHOENIX AZ 85016

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details) No

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

X _____
(Signature)

(Print Name)

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

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

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

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

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

DO NOT DETACH

License# 07070346 Renew? _____ Yes _____ No
Status: Active Status Date: 12/18/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JENNA RUTH ROUSSEAU _____
Location: CENTRAL WINE _____
4236 N CENTRAL AVE #101 _____
PHOENIX, AZ 85012 _____
Business Phone: (602)390-4723 _____

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

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

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

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160034

CLAUDIA S AGUIRRE
C & J RESTAURANT INC
CRAZY JIM'S
4041 N 15TH AVE
PHOENIX AZ 85015

LICENSES EXPIRE ON FEBRUARY 29, 2016

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

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

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

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

AZ Corporation Commission file number (if applicable): _____

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070720 Renew? _____ Yes _____ No
Status: Active Status Date: 3/7/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CLAUDIA S AGUIRRE _____
Location: CRAZY JIM'S _____
4041 N 15TH AVE _____
PHOENIX, AZ 85015 _____
Business Phone: (602)264-4777 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160035

ANDREA DAHLMAN LEWKOWITZ
MITCHELL ASSET GROUP LLC
21 DEGREES CIGARS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070049 Renew? _____ Yes _____ No
Status: Active Status Date: 2/7/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: 21 DEGREES CIGARS _____
9375 E SHEA BLVD #175 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)551-2121 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160036

PATRICIA CHRISTOFOLLO
SANTA BARBARA COOKS AT THE FARM INC
FARM AT SOUTH MOUNTAIN
1090 W 5TH ST
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070176 Renew? _____ Yes _____ No
Status: Active Status Date: 10/24/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PATRICIA CHRISTOFOLO _____
Location: FARM AT SOUTH MOUNTAIN _____
6106 S 32ND ST _____
PHOENIX, AZ 85040 _____
Business Phone: (602)276-6360 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160037

MICHAEL JOHN BARRO
MJB PIZZA INC
BARRO'S PIZZA
P O BOX 2119
CAREFREE AZ 85377

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070031 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL JOHN BARRO _____
Location: BARRO'S PIZZA _____
15440 N 7TH ST #12 _____
PHOENIX, AZ 85022 _____
Business Phone: (602)863-3888 _____

Renewal Fees:
License Renewal: 75.00
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# 07070606 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL JOHN BARRO _____
Location: BARRO'S PIZZA _____
41111 N DAISY MOUNTAIN DR #107 _____
ANTHEM, AZ 85086 _____
Business Phone: (623)551-2800 _____

Renewal Fees:
License Renewal: 75.00
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# 07070695 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL JOHN BARRO _____
Location: BARRO'S PIZZA _____
28260 N TATUM BLVD STE A2 _____
CAVE CREEK, AZ 85331 _____
Business Phone: (480)419-9161 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160038

JULIE RAE HALE
RB GLENDALE LLC
STAYBRIDGE SUITES HOTEL
9340 W CABELA DR
GLENDALE AZ 85305

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070084 Renew? _____ Yes _____ No
Status: Active Status Date: 5/13/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JULIE RAE HALE _____
Location: STAYBRIDGE SUITES HOTEL _____
9340 W CABELA DR _____
GLENDALE, AZ 85305 _____
Business Phone: (623)842-0000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160039

ALFONSO ROMERO
EL UNICO ROMERO ENTERPRISES LLC
LA RUBIA Y LA MORENA
3908 E CLARENDON AVE
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070232 Renew? _____ Yes _____ No
Status: Active Status Date: 12/10/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ALFONSO ROMERO _____
Location: LA RUBIA Y LA MORENA _____
6723 W BETHANY HOME RD _____
GLENDALE, AZ 85301 _____
Business Phone: (602)509-0945 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160040

ANASTASIA LUCAS
GOLDEN GREEK INC
GOLDEN GREEK
7126 N 35TH AVE
PHOENIX AZ 85051

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070451 Renew? _____ Yes _____ No
Status: Active Status Date: 1/1/1986
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANASTASIA LUCAS _____
Location: GOLDEN GREEK _____
7126 N 35TH AVE _____
PHOENIX, AZ 85051 _____
Business Phone: (602)841-7849 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160041

JONATHAN STEPHEN KISH
TOMS THUMB FRESH MARKET LLC
TOMS THUMB FRESH MARKET
9393 E BELL RD
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070036 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JONATHAN STEPHEN KISH _____
Location: TOMS THUMB FRESH MARKET _____
9393 E BELL RD _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)513-8186 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160042

LORENZO PANEPINTO
ROSAVIRGI PIZZERIA LLC
LORENZO'S PINNACLE PIZZA
6708 E HORNED OWL TRL
SCOTTSDALE AZ 85266

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070546 Renew? _____ Yes _____ No
Status: Active Status Date: 4/8/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LORENZO PANEPINTO _____
Location: LORENZO'S PINNACLE PIZZA _____
23623 N SCOTTSDALE RD STE #D4 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)502-1111 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160043

SUSAN CLAIRE SMEDEROVAC WILCOX
HERB BOX PV LLC
HERB BOX
7144 E STETSON DR #305
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070271 Renew? _____ Yes _____ No
Status: Pending Status Date: 12/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SUSAN CLAIRE SMEDEROVAC WILCOX _____
Location: HERB BOX _____
7134 E STETSON DR _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)998-8355 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160044

FEDERICO HERRERA VILLALON
FEDERICO'S
1408 E GROVE
PHOENIX AZ 85040

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070608 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: FEDERICO'S _____
821 E BROADWAY RD _____
PHOENIX, AZ 85040 _____
Business Phone: (602)276-8168 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160045

ANDREW MCLELLAN LOLMAUGH
RLS GOLF COURSES LLC
SUNDANCE GOLF CLUB
900 S SUNDANCE PKWY
BUCKEYE AZ 85326

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070259 Renew? _____ Yes _____ No
Status: Active Status Date: 1/15/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREW MCLELLAN LOLMAUGH _____
Location: SUNDANCE GOLF CLUB _____
900 S SUNDANCE PKWY _____
BUCKEYE, AZ 85326 _____
Business Phone: (623)328-0400 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160046

LINDA LOUISE SCORZO
BELIN INC
ANDREOLI ITALIAN GROCER
8737 E SAN MARCOS DR
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070019 Renew? _____ Yes _____ No
Status: Active Status Date: 4/12/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LINDA LOUISE SCORZO _____
Location: ANDREOLI ITALIAN GROCER _____
8880 E VIA LINDA _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)614-1980 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160047

PATRICK J MC GRODER, III
RPG LLC
SCOTTSDALE SILVERADO GOLF CLUB
7605 E INDIAN BEND RD
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070291 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PATRICK J MC GRODER, III _____
Location: SCOTTSDALE SILVERADO GOLF CLUB _____
7605 E INDIAN BEND RD _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (480)778-0100 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160048

LYNDA MARIE BRIX
DESERT SANDS GOLF COURSE INC
DESERT SANDS GOLF COURSE
1922 S 74TH ST
MESA AZ 85208

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070122 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LYNDA MARIE BRIX _____
Location: DESERT SANDS GOLF COURSE _____
1922 S 74TH ST _____
MESA, AZ 85208 _____
Business Phone: (480)832-0210 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160049

ANDREA DAHLMAN LEWKOWITZ
OCI CHANDLER OF DELAWARE I LLC
HOMWOOD SUITES
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070855 Renew? _____ Yes _____ No
Status: Active Status Date: 1/2/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: HOMEWOOD SUITES _____
1221 S SPECTRUM BLVD _____
CHANDLER, AZ 85286 _____
Business Phone: (480)963-5700 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160050

LAUREN KAY MERRETT
ASHFORD TRS SAPPHIRE II LLC
RESIDENCE INN PHOENIX AIRPORT
C/O KIM ROSS
REMMINGTON HOTEL
DALLAS TX 75254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070364 Renew? _____ Yes _____ No
Status: Active Status Date: 8/9/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: RESIDENCE INN PHOENIX AIRPORT _____
801 N 44TH ST _____
PHOENIX, AZ 85008 _____
Business Phone: (602)273-9220 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160051

H J LEWKOWITZ
BP-AZ 6 LLC
VILLA DE PAZ GOLF COURSE
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070422 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: VILLA DE PAZ GOLF COURSE _____
4220 N 103RD AVE _____
PHOENIX, AZ 85037 _____
Business Phone: (623)877-1171 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160052

MITCHELL ANTHONY ROSS
LANDMARK OF ARIZONA LLC
UNION HILLS GOLF & COUNTRY CLUB
9860 LINDGREN AVE
SUN CITY AZ 85373

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070541 Renew? _____ Yes _____ No
Status: Active Status Date: 12/11/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MITCHELL ANTHONY ROSS _____
Location: UNION HILLS GOLF & COUNTRY CLUB _____
9860 W LINDGREN AVE _____
SUN CITY, AZ 85373 _____
Business Phone: (623)974-5888 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160053

RANDY D NATIONS
INFINITY CAPITAL GOLF RESOURCES LLC
QUINTERO GOLF CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070118 Renew? _____ Yes _____ No
Status: Active Status Date: 7/8/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: QUINTERO GOLF CLUB _____
16752 W STATE RTE 74 _____
PEORIA, AZ 85383 _____
Business Phone: (928)501-1500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160054

JASON RYAN MC KINNIE
GREAT EAGLE GOLF CLUB INC
GREAT EAGLE GOLF CLUB
17091 N HAPPY TRAILS
SURPRISE AZ 85374

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070676 Renew? _____ Yes _____ No
Status: Active Status Date: 2/8/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JASON RYAN MC KINNIE _____
Location: GREAT EAGLE GOLF CLUB _____
17200 W BELL RD _____
SURPRISE, AZ 85374 _____
Business Phone: (623)584-6000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160055

GEETA KUMARI BHATT
KRIPANIDHI LLC
SUN DEVIL CELLAR
235 N COUNTRY CLUB DR
MESA AZ 85201

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070042 Renew? _____ Yes _____ No
Status: Active Status Date: 12/23/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GEETA KUMARI BHATT _____
Location: SUN DEVIL CELLAR _____
235 N COUNTRY CLUB DR _____
MESA, AZ 85201 _____
Business Phone: (480)834-5050 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160056

PETER HENRY SCHELSTRAETE
6101 LIQUORS LLC
JOE'S MIDNIGHT RUN
7200 W BELL RD STE K102
GLENDALE AZ 85308

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070201 Renew? _____ Yes _____ No
Status: Active Status Date: 11/20/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PETER HENRY SCHELSTRAETE _____
Location: JOE'S MIDNIGHT RUN _____
6101 N 7TH ST _____
PHOENIX, AZ 85014 _____
Business Phone: (480)941-7224 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160057

LORRAINE T OTHON
EL BRAVO INC
EL BRAVO MEXICAN FOOD
8338 N 7TH ST
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070710 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LORRAINE T OTHON _____
Location: EL BRAVO MEXICAN FOOD _____
8338 N 7TH ST _____
PHOENIX, AZ 85020 _____
Business Phone: (602)943-9753 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160058

JULIE ELLEN ZORNES
SUNSHOWER CORP
TORTILLA FLAT AZ
1 MAIN ST
TORTILLA FLAT AZ 85190

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070217 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JULIE ELLEN ZORNES _____
Location: TORTILLA FLAT AZ _____
1 MAIN ST _____
TORTILLA FLAT, AZ 85190 _____
Business Phone: (480)984-1776 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160059

DONALD ERON TALBOT
OBSESSION INC
GOLD KEY RACQUET CLUB
12826 N 3RD ST
PHOENIX AZ 85022

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070751 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DONALD ERON TALBOT _____
Location: GOLD KEY RACQUET CLUB _____
12826 N 3RD ST _____
PHOENIX, AZ 85022 _____
Business Phone: (602)993-1900 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160060

ELLEN ANN DELIGIANNIS
GEORGE'S KITCHEN LLC
GEORGE'S KITCHEN
501 E COLTER ST
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070060 Renew? _____ Yes _____ No
Status: Active Status Date: 3/23/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ELLEN ANN DELIGIANNIS _____
Location: GEORGE'S KITCHEN _____
6102 N 16TH ST. STE #1 _____
PHOENIX, AZ 85016 _____
Business Phone: (602)441-3030 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160061

RANDY D NATIONS
RUDY'S WEST BAR B Q LLC
RUDY'S COUNTRY STORE & BAR B QUE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070105 Renew? _____Yes_____No
Status: Active Status Date: 5/19/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: RUDY'S COUNTRY STORE & BAR B QUE _____
845 N LITCHFIELD RD _____
GOODYEAR, AZ 85338 _____
Business Phone: (480)663-6311 _____

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# 07070258 Renew? _____Yes_____No
Status: Active Status Date: 3/26/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: RUDY'S COUNTRY STORE & BAR B Q _____
7300 W CHANDLER BLVD _____
CHANDLER, AZ 85226 _____
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

RB160062

SUSAN CLAIRE SMEDEROVAC WILCOX
HERB BOX CORPORATION
HERB BOX CATERING EATERY MARKET
7144 E STETSON DR #305
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070235 Renew? _____ Yes _____ No
Status: Pending Status Date: 12/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SUSAN CLAIRE SMEDEROVAC WILCOX _____
Location: HERB BOX CATERING EATERY MARKET _____
20707 N PIMA RD BLDG L #140-145 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)998-8355 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160063

ANDREA DAHLMAN LEWKOWITZ
MCRT ARIZONA BEVERAGE MANAGEMENT LLC
TEMPE TOWNEPLACE SUITES
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070262 Renew? _____ Yes _____ No
Status: Active Status Date: 2/13/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: TEMPE TOWNEPLACE SUITES _____
5223 S PRIEST DR _____
TEMPE, AZ 85283 _____
Business Phone: (480)345-7889 _____

Renewal Fees:
License Renewal: 75.00
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# 07070504 Renew? _____ Yes _____ No
Status: Active Status Date: 2/13/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: TEMPE SPRINGHILL SUITES _____
5211 S PRIEST DR _____
TEMPE, AZ 85283 _____
Business Phone: (480)752-7979 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160064

ROBERT ANGELO MOLINARI
SIDE DOOR
3370 N HAYDEN STE #116
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070432 Renew? _____ Yes _____ No
Status: Active Status Date: 9/13/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: SIDE DOOR _____
3370 N HAYDEN RD STE #126 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)947-4484 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160065

THERESA JUNE MORSE
 HEALTHY CONCEPTS LLC
 LUCI'S HEALTHY MARKETPLACE
 1590 E BETHANY HOME RD
 PHOENIX AZ 85014

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076000 Renew? _____ Yes _____ No
Status: Active Status Date: 2/11/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: LUCI'S HEALTHY MARKETPLACE _____
1590 E BETHANY HOME RD _____
PHOENIX, AZ 85014 _____
Business Phone: (602)773-1339 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160066

CALVIN MERRILL QUICK
PHOENIX NORTHERN RESORT LLC
BEST WESTERN INNSUITES HOTEL & SUITES PHOENIX NORTHERN
1615 E NORTHERN AVE
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070284 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CALVIN MERRILL QUICK _____
Location: BEST WESTERN INNSUITES HOTEL & SUITES PHOENIX NORTHERN _____
1615 E NORTHERN AVE _____
PHOENIX, AZ 85020 _____
Business Phone: (602)997-6285 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160067

MATTHEW BRYAN POOL
ROOSEVELT
2509 N EVERGREEN ST
PHOENIX AZ 85006

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070840 Renew? _____ Yes _____ No
Status: Active Status Date: 5/3/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: ROOSEVELT _____
816 N 3 ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)424-6680 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160068

SAMUEL RODRIGUEZ CONTRERAS
SILLY LLC
EL DORADO SPORTS BAR
6036 W AVALON DR
PHOENIX AZ 85033

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070862 Renew? _____ Yes _____ No
Status: Active Status Date: 7/21/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SAMUEL RODRIGUEZ CONTRERAS _____
Location: EL DORADO SPORTS BAR _____
4134 N 67TH AVE _____
PHOENIX, AZ 85033 _____
Business Phone: (623)873-0101 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160069

GERALD JUSTIN DE FALCO
DE FALCO'S ITALIAN GROCERIES INC
DE FALCO'S ITALIAN GROCERY AND DELI
2334 N SCOTTSDALE RD
SUITE 133A
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070188 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GERALD JUSTIN DE FALCO _____
Location: DE FALCO'S ITALIAN GROCERY AND DELI _____
2334 N SCOTTSDALE #133A _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)990-8660 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160070

GARRY K ONG
G O ENTERPRISES LTD
MU SHU ASIAN GRILL
1502 W THOMAS RD
PHOENIX AZ 85015

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070531 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GARRY K ONG _____
Location: MU SHU ASIAN GRILL _____
1502 W THOMAS RD _____
PHOENIX, AZ 85015 _____
Business Phone: (602)277-9867 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160071

LAWRENCE JOSEPH HOEL, JR.
SEL INC
QUEEN CREEK CAFE & SPORTS LOUNGE
PO BOX 1923
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070636 Renew? _____ Yes _____ No
Status: Active Status Date: 8/10/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAWRENCE JOSEPH HOEL, JR. _____
Location: QUEEN CREEK CAFE & SPORTS LOUNGE _____
22002 S ELLSWORTH RD _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)888-9241 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160072

EYDLENE M YARO
LONG WONGS BUFFALO WINGS #9
5270 N 59TH AVE #20
GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070158 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2002
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: LONG WONGS BUFFALO WINGS #9 _____
5270 N 59TH AVE #20 _____
GLENDALE, AZ 85301 _____
Business Phone: (602)934-4455 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160073

DENISE KATHLEEN MC CREERY
D'VINE GOURMET
1075 E RIGGS RD #5
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070298 Renew? _____ Yes _____ No
Status: Active Status Date: 11/12/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: D'VINE GOURMET _____
4955 S ALMA SCHOOL #D-103-4 _____
CHANDLER, AZ 85249 _____
Business Phone: (480)275-5320 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160074

FEDERICO HERRERA VILLALON
FILI'S LLC
FILI'S
4736 S 35TH AVE
PHOENIX AZ 85041

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070010 Renew? _____ Yes _____ No
Status: Active Status Date: 12/14/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: FEDERICO HERRERA VILLALON _____
Location: FILI'S _____
4736 S 35TH AVE _____
PHOENIX, AZ 85041 _____
Business Phone: (602)276-6930 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160075

LAUREN KAY MERRETT
STELAUKI LLC
CUISINE & WINE BISTRO
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070393 Renew? _____ Yes _____ No
Status: Active Status Date: 6/26/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: CUISINE & WINE BISTRO _____
1422 W WARNER RD #A100 _____
GILBERT, AZ 85233 _____
Business Phone: (480)497-1422 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160076

MUHAMET KOSOVRASTI
BIUS INC
RAY'S PIZZA
2422 W BARBI LN
PHOENIX AZ 85086

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070397 Renew? _____ Yes _____ No
Status: Active Status Date: 12/31/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MUHAMET KOSOVRASTI _____
Location: RAY'S PIZZA _____
703 E CAREFREE HWY STE#109 _____
PHOENIX, AZ 85086 _____
Business Phone: (623)492-0492 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160077

JOANNE SHIU FOON TANG
TANG JOANNE ET AL
LITTLE DRAGON
4327 W THOMAS RD
PHOENIX AZ 85031

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071013 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2000
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOANNE SHIU FOON TANG _____
Location: LITTLE DRAGON _____
4327 W THOMAS RD _____
PHOENIX, AZ 85031 _____
Business Phone: (602)352-1602 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160078

ANDREA DAHLMAN LEWKOWITZ
MCRT2 ARIZONA BEVERAGE MANAGEMENT LLC
HOMWOOD SUITES BY HILTON
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076003 Renew? _____ Yes _____ No
Status: Active Status Date: 12/9/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: HOMEWOOD SUITES BY HILTON _____
11450 W HILTON WAY _____
AVONDALE, AZ 85323 _____
Business Phone: (623)882-3315 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160079

TRENT CHARLES JOHNSON
APPLE TEN HOSPITALITY MANAGEMENT INC
HOMWOOD SUITES
2470 W CHARLOTTE DRIVE
PHOENIX AZ 85027

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070784 Renew? _____ Yes _____ No
Status: Active Status Date: 12/20/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TRENT CHARLES JOHNSON _____
Location: HOMEWOOD SUITES _____
2470 W CHARLOTTE DR _____
PHOENIX, AZ 85027 _____
Business Phone: (623)580-1800 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160080

ANDREA DAHLMAN LEWKOWITZ
SCOTTSDALE HIX LLC
HOLIDAY INN EXPRESS HOTEL & SUITES
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070404 Renew? _____ Yes _____ No
Status: Active Status Date: 5/1/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: HOLIDAY INN EXPRESS HOTEL & SUITES _____
3131 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)675-7665 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160081

NANCY MICHELLE FRANKS
KMA WINES LLC
BRIX WINE & BISTRO
34522 N SCOTTSDALE RD
SCOTTSDALE AZ 85266

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070066 Renew? _____ Yes _____ No
Status: Active Status Date: 3/29/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NANCY MICHELLE FRANKS _____
Location: BRIX WINE & BISTRO _____
7171 E CAVE CREEK RD STE 1 _____
CAREFREE, AZ 85377 _____
Business Phone: (480)595-2749 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160082

TIMOTHY RYAN SCIUTTO
SCIUTTO5 LLC
DC BAR & GRILL/DESERT CANYON GOLF CLUB
118 E PALO VERDE ST
GILBERT AZ 85296

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070402 Renew? _____ Yes _____ No
Status: Active Status Date: 1/8/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TIMOTHY RYAN SCIUTTO _____
Location: DC BAR & GRILL/DESERT CANYON GOLF CLUB _____
10440 N INDIAN WELLS DR _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)837-1561 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160083

CARY DAVID MORROW
MORROW ENTERTAINMENT GROUP LLC
W.M. SACKS/CAVE & IVES PORTICO & GRILL
4247 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070867 Renew? _____ Yes _____ No
Status: Active Status Date: 5/28/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CARY DAVID MORROW _____
Location: W.M. SACKS/CAVE & IVES PORTICO & GRILL _____
4247 E INDIAN SCHOOL RD _____
PHOENIX, AZ 85018 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160084

KIMBERLY RAE RUBENS
K&R RUBENS ENTERPRISES LLC
WILD VINE UNCORKED
4920 S GILBERT RD STE A3
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070550 Renew? _____ Yes _____ No
Status: Active Status Date: 8/10/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KIMBERLY RAE RUBENS _____
Location: WILD VINE UNCORKED _____
4920 S GILBERT RD #A1-A3 _____
CHANDLER, AZ 85249 _____
Business Phone: (480)219-2848 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160085

PATRICK JOHN O'HARA
RECREATION CENTERS OF SUN CITY WEST INC
RECREATION CENTERS OF SUN CITY WEST
19803 R H JOHNSON BLVD
SUN CITY WEST AZ 85375

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070609 Renew? Yes No
Status: Active Status Date: 3/5/1999
License Inactive? Yes No Changes:(may require additional Filing)
Agent: PATRICK JOHN O'HARA _____
Location: RECREATION CENTERS OF SUN CITY WEST _____
13975 W DEER VALLEY RD _____
SUN CITY, AZ 85375 _____
Business Phone: (623)544-6016 _____

Renewal Fees:
License Renewal: 75.00
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# 07070663 Renew? Yes No
Status: Active Status Date: 3/5/1999
License Inactive? Yes No Changes:(may require additional Filing)
Agent: PATRICK JOHN O'HARA _____
Location: RECREATION CENTERS OF SUN CITY WEST _____
22525 EXECUTIVE WAY _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)544-6017 _____

Renewal Fees:
License Renewal: 75.00
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# 07070664 Renew? Yes No
Status: Active Status Date: 3/5/1999
License Inactive? Yes No Changes:(may require additional Filing)
Agent: PATRICK JOHN O'HARA _____
Location: RECREATION CENTERS OF SUN CITY WEST _____
21021 151ST AVE _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)544-6015 _____

Renewal Fees:
License Renewal: 75.00
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# 07070768 Renew? Yes No
Status: Active Status Date: 6/22/2012
License Inactive? Yes No Changes:(may require additional Filing)
Agent: PATRICK JOHN O'HARA _____
Location: STRIKE ZONE EATERY _____
19803 R H JOHNSON BLVD _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)544-6169 _____

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160086

JESUS MANUEL ALTAMIRANO
A INTERNATIONAL WINES LLC
A INTERNATIONAL WINES
2733 N POWER RD #102
MESA AZ 85215

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070532 Renew? _____ Yes _____ No
Status: Inactive Status Date: 5/15/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JESUS MANUEL ALTAMIRANO _____
Location: A INTERNATIONAL WINES _____
2125 S 48TH ST #103 _____
TEMPE, AZ 85282 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160087

DEBORAH KAY JUSTICE
CANYON LAKE CANTINA INC
LAKESIDE RESTAURANT & CANTINA
P O BOX 2626
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070216 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DEBORAH KAY JUSTICE _____
Location: LAKESIDE RESTAURANT & CANTINA _____
MILE POST 212 HWY 88 _____
TORTILLA FLAT, AZ 85290 _____
Business Phone: (480)288-8290 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160088

MARTHA ALICIA ALARCON
MI RANCHITO DANCING & BAR INC
MI RANCHITO DANCING BAR
716 E GLADE AVE
MESA AZ 85204

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070646 Renew? _____ Yes _____ No
Status: Active Status Date: 8/29/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARTHA ALICIA ALARCON _____
Location: MI RANCHITO DANCING BAR _____
2401 N 32ND ST STE 1-3 _____
PHOENIX, AZ 85007 _____
Business Phone: (602)957-3140 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160089

AGUSTIN MORENO LOZA
SCOREBOARD LLC
SCOREBOARD
2831 N 35TH AVE
PHOENIX AZ 85009

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070418 Renew? _____ Yes _____ No
Status: Active Status Date: 4/22/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AGUSTIN MORENO LOZA _____
Location: SCOREBOARD _____
2831 N 35TH AVE _____
PHOENIX, AZ 85009 _____
Business Phone: (602)233-0004 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160090

RANDY D NATIONS
EMBLEM ENTERTAINMENT LLC
FLIPSIDE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070620 Renew? _____ Yes _____ No
Status: Active Status Date: 3/10/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: FLIPSIDE _____
4874 S VAL VISTA DR _____
GILBERT, AZ 85298 _____
Business Phone: (480)471-8444 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160091

JAMES ALWIER BELLOWS
BELLOWS GOLF HOLDINGS LLC
FALCON GOLF COURSE
P O BOX 4070
SCOTTSDALE AZ 85261

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070230 Renew? _____ Yes _____ No
Status: Active Status Date: 11/13/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAMES ALWIER BELLOWS _____
Location: FALCON GOLF COURSE _____
15152 W CAMELBACK RD _____
LITCHFIELD PARK, AZ 85340 _____
Business Phone: (480)668-3086 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160092

KEVIN ARNOLD KRAMBER
SOUTHERN CALIFORNIA GOLF LLC
PARADISE VALLEY GOLF COURSE
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070757 Renew? _____ Yes _____ No
Status: Active Status Date: 6/3/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KEVIN ARNOLD KRAMBER _____
Location: PARADISE VALLEY GOLF COURSE _____
3505 E UNION HILLS DR _____
PHOENIX, AZ 85050 _____
Business Phone: (602)992-7190 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160093

BRUCE STEPHEN MCNEE
SCOTTSDALE GOLF PLACE LLC
XGOLF SCOTTSDALE
8480 E BUTHERUS DR #102
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070086 Renew? _____ Yes _____ No
Status: Active Status Date: 9/15/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRUCE STEPHEN MCNEE _____
Location: XGOLF SCOTTSDALE _____
8480 E BUTHERUS DR #102 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)948-3464 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160094

DONALD JOSEPH MARINO
PIZZAFARRO'S INC
PIZZAFARRO'S
7457 E SOARING EAGLE WAY
SCOTTSDALE AZ 85266-4202

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070131 Renew? _____ Yes _____ No
Status: Active Status Date: 3/5/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DONALD JOSEPH MARINO _____
Location: PIZZAFARRO'S _____
36889 N TOM DARLINGTON RD _____
CAREFREE, AZ 85377 _____
Business Phone: (480)488-0703 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160095

JODY MCLAGAN HARWOOD
GRACE INNS OF ARIZONA INC
INN AT EAGLE MOUNTAIN
7575 N 16TH ST STE 1
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070052 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JODY MCLAGAN HARWOOD _____
Location: INN AT EAGLE MOUNTAIN _____
9800 N SUMMER HILL BLVD _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)816-3000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160096

DARYL DAVID CHESTER
CVH2 LLC
JESTER'S BILLIARDS
1515 N GILBERT RD #115-123
GILBERT AZ 85234

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070682 Renew? _____ Yes _____ No
Status: Inactive Status Date: 7/10/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DARYL DAVID CHESTER _____
Location: JESTER'S BILLIARDS _____
1515 N GILBERT RD #115-123 _____
GILBERT, AZ 85234 _____
Business Phone: (480)926-1314 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160097

MICHAEL CHRISTOPHER KRUEGER
LLH CO INC
VICTORY LANE SPORTS COMPLEX
22603 N 43 AVE
GLENDALE AZ 85310

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070189 Renew? _____ Yes _____ No
Status: Active Status Date: 9/14/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL CHRISTOPHER KRUEGER _____
Location: VICTORY LANE SPORTS COMPLEX _____
22603 N 43RD AVE _____
GLENDALE, AZ 85310 _____
Business Phone: (623)581-6000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160098

ALFRED CARMEN MORELLI TRANCHINA
BOSS COFFEE LLC
BOSS COFFEE
8605 SANTA MONICA BLVD STE 54913
LOS ANGELES CA 90069

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070363 Renew? _____ Yes _____ No
Status: Active Status Date: 1/5/2016
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ALFRED CARMEN MORELLI TRANCHINA _____
Location: BOSS COFFEE _____
23015 N SCOTTSDALE RD STE 107 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (800)590-4092 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160099

THERESA JUNE MORSE
 HOT PIZZAS LLC
 PIZZA HUT #26975
 P O BOX 4179
 KINGMAN AZ 86402

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070134 Renew? Yes No
Status: Active Status Date: 2/22/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #26975 _____
1520 NORTH 43RD AVENUE _____
PHOENIX, AZ 85009 _____
Business Phone: (602)278-5611 _____

Renewal Fees:
License Renewal: 75.00
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# 07070137 Renew? Yes No
Status: Active Status Date: 2/22/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #26989 _____
13105 W GLENDALE AVE _____
GLENDALE, AZ 85307 _____
Business Phone: (623)935-5009 _____

Renewal Fees:
License Renewal: 75.00
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# 07070142 Renew? Yes No
Status: Active Status Date: 2/22/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #26990 _____
8860 N 43RD AVE _____
GLENDALE, AZ 85302 _____
Business Phone: (623)931-1421 _____

Renewal Fees:
License Renewal: 75.00
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# 07070143 Renew? Yes No
Status: Active Status Date: 2/22/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #26988 _____
13624 N 35TH AVE _____
PHOENIX, AZ 85053 _____
Business Phone: (602)993-6150 _____

Renewal Fees:

License Renewal:	75.00
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# 07070145 Renew? Yes No
 Status: Active Status Date: 2/22/2011
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: THERESA JUNE MORSE _____
 Location: PIZZA HUT #26971 _____
 3602 E THOMAS RD _____
 PHOENIX, AZ 85018 _____
 Business Phone: (602)956-5363 _____

Renewal Fees:

License Renewal:	75.00
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# 07070146 Renew? Yes No
 Status: Active Status Date: 2/22/2011
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: THERESA JUNE MORSE _____
 Location: PIZZA HUT #26970 _____
 1217 W HWY 85 _____
 BUCKEYE, AZ 85326 _____
 Business Phone: (623)386-7107 _____

Renewal Fees:

License Renewal:	75.00
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# 07070151 Renew? Yes No
 Status: Active Status Date: 2/22/2011
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: THERESA JUNE MORSE _____
 Location: PIZZA HUT #26969 _____
 2436 E BELL RD _____
 PHOENIX, AZ 85032 _____
 Business Phone: (602)971-2060 _____

Renewal Fees:

License Renewal:	75.00
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# 07070157 Renew? Yes No
 Status: Active Status Date: 2/22/2011
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: THERESA JUNE MORSE _____
 Location: PIZZA HUT #26999 _____
 702 N 1ST ST _____

PHOENIX, AZ 85004
Business Phone: (602)229-1133

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160100

CHARLES LELAND ELAM
WHITE LODGING SERVICES CORPORATION
COURTYARD PHOENIX NORTH / HAPPY VALLEY
701 E 83RD AVE
C/O KATHY DEAL
MERRILLVILLE IN 46410

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070717 Renew? _____ Yes _____ No
Status: Inactive Status Date: 1/16/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHARLES LELAND ELAM _____
Location: COURTYARD PHOENIX NORTH / HAPPY VALLEY _____
2029 W WISPERING WIND DR _____
PHOENIX, AZ 85085 _____
Business Phone: (623)580-8844 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160101

EDWARD JEROME PRUDHOMME
PASEO RACQUET CLUB LLC
PASEO RACQUET CENTER
6268 W THUNDERBIRD RD
GLENDALE AZ 85306

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070438 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: EDWARD JEROME PRUDHOMME _____
Location: PASEO RACQUET CENTER _____
6268 W THUNDERBIRD RD _____
GLENDALE, AZ 85306 _____
Business Phone: (623)979-1234 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160102

DAVID JOSEPH ANDREA
BRAT HAUS LLC
BRAT HAUS
3622 N SCOTTSDALE RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076004 Renew? _____ Yes _____ No
Status: Active Status Date: 5/15/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID JOSEPH ANDREA _____
Location: BRAT HAUS _____
3622 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)947-4006 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160103

DAVID ANTHONY MAHAN
W2005 NEW CENTURY HOTEL PORTFOLIO LP
HOMWOOD SUITES CHANDLER
6031 CONNECTION DR STE 500
IRVING TX 75039

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070621 Renew? _____ Yes _____ No
Status: Active Status Date: 5/16/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID ANTHONY MAHAN _____
Location: HOMEWOOD SUITES CHANDLER _____
7373 W DETROIT ST _____
CHANDLER, AZ 85226 _____
Business Phone: (480)753-6200 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160104

MIRXHELA VOJKA
PIZZA BY NAPOLI INC
PIZZA BY NAPOLI
3425 W THUNDERBIRD #19
PHOENIX AZ 85023

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070528 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MIRXHELA VOJKA _____
Location: PIZZA BY NAPOLI _____
3425 W THUNDERBIRD RD #19 _____
PHOENIX, AZ 85053 _____
Business Phone: (602)863-1881 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160105

VINCENT JEAN GUERITHAULT
VINCENT GUERITHAULT CORP
VINCENT GUERITHAULT ON CAMELBACK
3930 E CAMELBACK RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070280 Renew? _____ Yes _____ No
Status: Active Status Date: 3/4/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: VINCENT JEAN GUERITHAULT _____
Location: VINCENT GUERITHAULT ON CAMELBACK _____
3930 E CAMELBACK RD _____
PHOENIX, AZ 85018 _____
Business Phone: (602)224-0225 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160106

JEFFREY KENT KEMPTON
RESIDENCE INN BY MARRIOTT LLC
RESIDENCE INN BY MARRIOTT
610 SMITHFIELD ST #300
C/O FLAHERTY & O'HARA PC
PITTSBURGH PA 15222

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070092 Renew? Yes No
Status: Active Status Date: 7/15/2013
License Inactive? Yes No Changes:(may require additional Filing)
Agent: JEFFREY KENT KEMPTON _____
Location: RESIDENCE INN BY MARRIOTT _____
510 S FOREST AVE _____
TEMPE, AZ 85281 _____
Business Phone: (480)967-2300 _____

Renewal Fees:
License Renewal: 75.00
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# 07070114 Renew? Yes No
Status: Active Status Date: 7/17/2008
License Inactive? Yes No Changes:(may require additional Filing)
Agent: EDIE ANN MAYER _____
Location: RESIDENCE INN BY MARRIOTT _____
6040 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (602)948-8666 _____

Renewal Fees:
License Renewal: 75.00
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# 07070316 Renew? Yes No
Status: Active Status Date: 12/1/2008
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MICHELLE JOYCE _____
Location: RESIDENCE INN BY MARRIOTT _____
5665 E MAYO BLVD _____
PHOENIX, AZ 85054 _____
Business Phone: (480)563-1500 _____

Renewal Fees:
License Renewal: 75.00
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# 07070467 Renew? Yes No
Status: Active Status Date: 7/3/2008
License Inactive? Yes No Changes:(may require additional Filing)
Agent: MEAGAN ELIZABETH GODDARD _____
Location: RESIDENCE INN BY MARRIOTT _____
5075 S PRIEST DR _____
TEMPE, AZ 85282 _____
Business Phone: (480)756-2122 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160107

THIEMCHANH T KAYA
SISTERS THIEM INC
TOTTIE'S ASIAN FUSION
733 W UNIVERSITY DR
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070073 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THIEMCHANH T KAYA _____
Location: TOTTIE'S ASIAN FUSION _____
7901 E THOMAS RD #108 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)970-0633 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160108

CAROL ANN NALEVANKO
DMB SPORTS CLUBS LIMITED PARTNERSHIP
VILLAGE RACQUET & HEALTH CLUB
4444 E CAMELBACK RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070162 Renew? Yes No
Status: Active Status Date: 3/3/2009
License Inactive? Yes No Changes:(may require additional Filing)
Agent: CAROL ANN NALEVANKO _____
Location: VILLAGE RACQUET & HEALTH CLUB _____
4444 E CAMELBACK RD _____
PHOENIX, AZ 85018 _____
Business Phone: (602)840-6412 _____

Renewal Fees:
License Renewal: 75.00
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# 07070493 Renew? Yes No
Status: Active Status Date: 3/3/2009
License Inactive? Yes No Changes:(may require additional Filing)
Agent: CAROL ANN NALEVANKO _____
Location: DC RANCH VILLAGE HEALTH CLUB & SPA _____
18501 N THOMPSON PEAK PKWY _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (602)840-6412 _____

Renewal Fees:
License Renewal: 75.00
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# 07070495 Renew? Yes No
Status: Active Status Date: 3/3/2009
License Inactive? Yes No Changes:(may require additional Filing)
Agent: CAROL ANN NALEVANKO _____
Location: GAINNEY VILLAGE HEALTH CLUB & SPA _____
7477 E DOUBLETREE RANCH RD _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)609-6979 _____

Renewal Fees:
License Renewal: 75.00
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# 07073503 Renew? Yes No
Status: Active Status Date: 5/6/2015
License Inactive? Yes No Changes:(may require additional Filing)
Agent: CAROL ANN NALEVANKO _____
Location: DC RANCH VILLAGE TENNIS CENTER _____
9800 E HORSESHOE DR _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)515-4040 _____

Renewal Fees:

License Renewal:	75.00
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# 07073506 Renew? _____ Yes _____ No
 Status: Active Status Date: 4/16/2015
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: CAROL ANN NALEVANKO _____
 Location: OCOTILLO VILLAGE HEALTH CLUB & SPA _____
 4200 S ALMA SCHOOL RD _____
 CHANDLER, AZ 85248 _____
 Business Phone: (480)656-0045 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160109

ZACHARY ANDREW GREEN
PROSWINGZ LLC
PROSWINGZ
18440 N 7TH ST STE 9
PHOENIX AZ 85022

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070398 Renew? _____ Yes _____ No
Status: Active Status Date: 7/10/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ZACHARY ANDREW GREEN _____
Location: PROSWINGZ _____
18440 N 7TH ST STE 9 _____
PHOENIX, AZ 85022 _____
Business Phone: (602)595-5095 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160110

CYNTHIA GARCIA
SOUTHWEST DINING CONCEPTS INC
MANUEL'S MEXICAN FOOD REST
1111 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070520 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CYNTHIA GARCIA _____
Location: MANUEL'S MEXICAN FOOD REST _____
1111 W BELL RD _____
PHOENIX, AZ 85023 _____
Business Phone: (602)993-8778 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160111

ROBB RAMSEY HORLACHER
PIMA PAVILIONS PARTNERSHIP
PAVILION LAKES GOLF COURSE
2321 E UNIVERSITY DR #103
MESA AZ 85213

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070706 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBB RAMSEY HORLACHER _____
Location: PAVILION LAKES GOLF COURSE _____
8870 E INDIAN BEND RD _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (602)948-3370 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160112

DAVID JAMES SMITH
SAGUARO DOCK SIDE LLC
WICKED SAGUARO DOCKSIDE
13202 N VISTA DEL ORO
FORT MCDOWELL AZ 85264

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070349 Renew? _____ Yes _____ No
Status: Active Status Date: 12/31/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID JAMES SMITH _____
Location: WICKED SAGUARO DOCKSIDE _____
14011 N BUSH HWY _____
MESA, AZ 85215 _____
Business Phone: (480)984-2425 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160113

KEVIN R MOLLOHAN
ANZIOS ITALIAN RESTAURANT
12418 N 28TH DR
PHOENIX AZ 85029

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070806 Renew? _____ Yes _____ No
Status: Active Status Date: 3/14/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: ANZIOS ITALIAN RESTAURANT _____
12418 N 28TH DR STE 1 _____
PHOENIX, AZ 85029 _____
Business Phone: (602)375-1221 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160114

RICHARD MICHAEL CARBAJAL, JR.
EL MOLINO
3730 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070140 Renew? _____ Yes _____ No
Status: Inactive Status Date: 2/24/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: EL MOLINO _____
3554 N GOLDWATER BLVD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (602)946-4494 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160115

PATRICIA ANN HAYDEN
ROOSEVELT GALLERY & BIER HOUSE LLC
ROOSEVELT GALLERY & BIER HOUSE
509 E ROOSEVELT
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07077011 Renew? _____ Yes _____ No
Status: Active Status Date: 10/1/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PATRICIA ANN HAYDEN _____
Location: ROOSEVELT GALLERY & BIER HOUSE _____
509 E ROOSEVELT _____
PHOENIX, AZ 85004 _____
Business Phone: (602)252-2160 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160116

JORGE PORRAS CHAVEZ
EL NOPALITO CORP
EL NOPALITO MEXICAN FOOD
2831 N 24TH ST
PHOENIX AZ 85008

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070498 Renew? _____ Yes _____ No
Status: Active Status Date: 3/4/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JORGE PORRAS CHAVEZ _____
Location: EL NOPALITO MEXICAN FOOD _____
2831 N 24TH ST _____
PHOENIX, AZ 85008 _____
Business Phone: (602)522-2043 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160117

AGUSTIN MORENO LOZA
 AYY CHIHUAHUA PARTNERSHIP
 LA SIERRA NIGHT CLUB
 5008 W NORTHERN AVE
 GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. **MANAGER** as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. **EQUITABLE INTEREST HOLDER:** A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. **LICENSED RESTAURANT CRITERIA** - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses **WILL NOT** be renewed if the Business Data Report is not attached to this renewal.

E. **ANNUAL PRODUCTION REPORTING** - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070639 Renew? _____ Yes _____ No
Status: Active Status Date: 4/30/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AGUSTIN MORENO LOZA _____
Location: LA SIERRA NIGHT CLUB _____
5008 W NORTHERN AVE _____
GLENDALE, AZ 85301 _____
Business Phone: (623)939-6161 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160118

MARK THOMAS TEAHEN
TEAHEN WORK LLC
SORSO WINE ROOM
8610 E VIA DEL SOL DR
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076005 Renew? _____ Yes _____ No
Status: Active Status Date: 1/23/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARK THOMAS TEAHEN _____
Location: SORSO WINE ROOM _____
15323 N SCOTTSDALE RD #150 _____
SCOTTSDALE, AZ 85254 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160119

ANDREA DAHLMAN LEWKOWITZ
MHH MANAGEMENT LLC
HOMWOOD SUITES HOTEL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070439 Renew? _____ Yes _____ No
Status: Active Status Date: 10/28/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: HOMEWOOD SUITES HOTEL _____
2536 W BERYL AVE _____
PHOENIX, AZ 85021 _____
Business Phone: (602)674-8900 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160120

JOHN DAVID HAUSKINS
PERAZIM LLC
LAKESHORE RESTAURANT
P O BOX 6579
SCOTTSDALE AZ 85261

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070551 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN DAVID HAUSKINS _____
Location: LAKESHORE RESTAURANT _____
14011 N BUSH HWY _____
MESA, AZ 85215 _____
Business Phone: (480)984-5311 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160121

REBECCA SUE SHELTON VASQUEZ
CO-OP GRILL LLC
CO-OP GRILL
16462 W PIMA ST
GOODYEAR AZ 85338

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070181 Renew? _____ Yes _____ No
Status: Active Status Date: 6/25/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: REBECCA SUE SHELTON VASQUEZ _____
Location: CO-OP GRILL _____
18300 S OLD US HWY 80 _____
ARLINGTON, AZ 85322 _____
Business Phone: (623)327-2131 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160122

DANIEL MILES STRAND
LAS CORRIENTES CHANDLER LLC
BEAR CREEK GOLF COURSE
500 E RIGGS RD
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070246 Renew? _____ Yes _____ No
Status: Active Status Date: 3/22/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DANIEL MILES STRAND _____
Location: BEAR CREEK GOLF COURSE _____
500 E RIGGS RD _____
CHANDLER, AZ 85249 _____
Business Phone: (480)883-8200 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160123

ANDREA DAHLMAN LEWKOWITZ
AZO CENTER LLC
ARIZONA OPERA
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070613 Renew? _____ Yes _____ No
Status: Active Status Date: 8/29/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: ARIZONA OPERA _____
1636 N CENTRAL AVE _____
PHOENIX, AZ 85004 _____
Business Phone: (602)218-7464 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160124

JONATHAN JOSEPH CARR
ALESSIA'S RISTORANTE ITALIANO LLC
ALESSIA'S RISTORANTE ITALIANO
5251 E. BROWN RD #108
MESA AZ 85205

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070336 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JONATHAN JOSEPH CARR _____
Location: ALESSIA'S RISTORANTE ITALIANO _____
5251 E BROWN RD #108 _____
MESA, AZ 85205 _____
Business Phone: (480)396-2888 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160125

ERNEST MICHEL LINSSENMEYER
THE TACK ROOM LLC
THE TACK ROOM LLC
10300 S MILLER RD
BUCKEYE AZ 85326

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070385 Renew? _____ Yes _____ No
Status: Active Status Date: 12/1/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ERNEST MICHEL LINSENMEYER _____
Location: THE TACK ROOM LLC _____
10300 S MILLER RD _____
BUCKEYE, AZ 85326 _____
Business Phone: (623)691-6900 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160126

RANDY D NATIONS
PAPAGO BREWING CO INC
PAPAGO BREWING CO
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070659 Renew? _____ Yes _____ No
Status: Active Status Date: 4/26/2001
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: PAPAGO BREWING CO _____
7107 E MCDOWELL RD _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)425-7439 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160127

ASHLY ANNE YOUNG
AAY LLC
CHLOE'S CORNER
15215 N KIELAND BLVD #190
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070313 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ASHLY ANNE YOUNG _____
Location: CHLOE'S CORNER _____
15215 N KIERLAND BLVD #190 _____
SCOTTSDALE, AZ 85254 _____
Business Phone: (480)998-0202 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160128

KATHLEEN ANN COURTER
COURTER & CARIVEAU INC
ORIGINAL WINEBURGER
6027 N 19 AVE
PHOENIX AZ 85015

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070600 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KATHLEEN ANN COURTER _____
Location: ORIGINAL WINEBURGER _____
6027 N 19TH AVE _____
PHOENIX, AZ 85015 _____
Business Phone: (602)249-9929 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160129

KEITH ROBERT GOYEN
SONORAN GOLF MANAGEMENT LLC
LAS COLINAS GOLF CLUB
21515 E VILLAGE LOOP RD
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070861 Renew? _____ Yes _____ No
Status: Active Status Date: 12/3/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KEITH ROBERT GOYEN _____
Location: LAS COLINAS GOLF CLUB _____
21515 E VILLAGE LOOP RD _____
QUEEN CREEK, AZ 85142 _____
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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160130

KEVIN RAY MONTGOMERY
CANYON SPEEDWAY PARK
3911 N EVERGREEN ST
BUCKEYE AZ 85396

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070005 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: CANYON SPEEDWAY PARK _____
10299 W CAREFREE HWY _____
PEORIA, AZ 85383 _____
Business Phone: (602)258-7223 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160131

KEVIN THOMAS LENTZ
FRENCH GROCERY INC
FRENCH GROCERY
5345 N 7TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076001 Renew? _____ Yes _____ No
Status: Active Status Date: 9/24/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KEVIN THOMAS LENTZ _____
Location: FRENCH GROCERY _____
5345 N 7TH AVE _____
PHOENIX, AZ 85013 _____
Business Phone: (602)277-0101 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160132

THERESA JUNE MORSE
 HOPELESSLY URBAN LLC
 ANGELS TRUMPET ALE HOUSE
 810 N 2ND ST
 PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070236 Renew? _____ Yes _____ No
Status: Active Status Date: 7/26/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: ANGELS TRUMPET ALE HOUSE _____
810 N 2ND ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)956-3800 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160133

PAUL JOSEPH HOFFMAN
DESERT ROCK INDUSTRIES LLC
DESERT ROCK WINERY
7302 E HELM DR #1002
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073023 Renew? _____ Yes _____ No
Status: Active Status Date: 12/2/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PAUL JOSEPH HOFFMAN _____
Location: DESERT ROCK WINERY _____
7302 E HELM DR #1002 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)500-5025 _____

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

RB160134

LASHKAR BAINS
DELHI PALACE LLC
DELHI PALACE CUISINE OF INDIA
2529 S CHERRY DR
MESA AZ 85210

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070469 Renew? _____ Yes _____ No
Status: Active Status Date: 5/13/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LASHKAR BAINS _____
Location: DEHLI PALACE CUISINE OF INDIA _____
933 E UNIVERSITY DR #103 & 104 _____
TEMPE, AZ 85281 _____
Business Phone: (602)921-2200 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160135

WEI JIE FENG
BEST WOK
5030 W MCDOWELL RD #50
PHOENIX AZ 85035

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071015 Renew? _____ Yes _____ No
Status: Active Status Date: 3/21/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: BEST WOK _____
5030 W MCDOWELL RD #50 _____
PHOENIX, AZ 85035 _____
Business Phone: (602)233-9440 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160136

H J LEWKOWITZ
WINFIELD CAFE LLC
STANDING ROCK CAFE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070107 Renew? _____ Yes _____ No
Status: Active Status Date: 7/7/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: STANDING ROCK CAFE _____
33505 N WINFIELD DR _____
SCOTTSDALE, AZ 85262 _____
Business Phone: (480)707-1234 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL
ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RB160137

DAVID GEORGE BEE
HUB II LLC
VUE
2401 S LANSING
MESA AZ 85209

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070500 Renew? _____ Yes _____ No
Status: Active Status Date: 2/11/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID GEORGE BEE _____
Location: VUE _____
2401 S LANSING _____
MESA, AZ 85209 _____
Business Phone: (480)300-5398 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160138

SINCLAIR J TORRILHON
TWISTED DAISY LLC
TWISTED ROSE WINERY & EATERY
15040 N NORTHSIGHT BLVD #104
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073019 Renew? _____ Yes _____ No
Status: Active Status Date: 7/21/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SINCLAIR J TORRILHON _____
Location: TWISTED ROSE WINERY & EATERY _____
15040 N NORTHSIGHT BLVD #104 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)398-7700 _____

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

RB160139

TARA NICOLE RASSAS
GROUND CONTROL LLC
GROUND CONTROL
4860 N LITCHFIELD RD # 103-104
LITCHFIELD PARK AZ 85340

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071010 Renew? _____ Yes _____ No
Status: Active Status Date: 8/14/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TARA NICOLE RASSAS _____
Location: GROUND CONTROL _____
4860 N LITCHFIELD RD #103-104 _____
LITCHFIELD PARK, AZ 85340 _____
Business Phone: (623)535-9066 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160140

HENRI JAMES YOST
LEGACY INN & SUITES LLC
LEGACY INN & SUITES
1665 N 26 ST
MESA AZ 85213

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070693 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: HENRI JAMES YOST _____
Location: LEGACY INN & SUITES _____
4470 S POWER RD _____
GILBERT, AZ 85236 _____
Business Phone: (480)547-8181 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160141

ROBERTO CAMMARATA
ROKIN VENTURES INC
V'S BARBERSHOP
7304 E ALTA SIERRA DR
SCOTTSDALE AZ 85266

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070424 Renew? _____ Yes _____ No
Status: Active Status Date: 5/6/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBERTO CAMMARATA _____
Location: V'S BARBERSHOP _____
1 E WASHINGTON ST #270 _____
PHOENIX, AZ 85004 _____
Business Phone: (602)466-1888 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160142

FRANK CARL TAURISANO
FDT RESTAURANTS INC
PESTO'S PIZZA
1960 W RAY RD #4
CHANDLER AZ 85224

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070764 Renew? _____ Yes _____ No
Status: Active Status Date: 3/14/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: FRANK CARL TAURISANO _____
Location: PESTO'S PIZZA _____
1960 W RAY RD #3, 4 _____
CHANDLER, AZ 85224 _____
Business Phone: (480)821-2949 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160143

JASON RYAN MC KINNIE
ARIZONA TRADITIONS GOLF CLUB INC
ARIZONA TRADITIONS GOLF CLUB
15138 N 173RD DRIVE
SURPRISE AZ 85388

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070228 Renew? _____ Yes _____ No
Status: Active Status Date: 5/5/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JASON RYAN MC KINNIE _____
Location: ARIZONA TRADITIONS GOLF CLUB _____
17225 N CITRUS RD _____
SURPRISE, AZ 85374 _____
Business Phone: (623)584-4000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160144

JACINTO VALLE
J J'S SEAFOOD RESTUARANT MARISCOS CHIHUAHUA
4347 W INDIAN SCHOOL RD
PHOENIX AZ 85031

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070530 Renew? _____ Yes _____ No
Status: Active Status Date: 4/19/2000
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: J J'S SEAFOOD RESTUARANT MARISCOS CHIHUAHUA _____
4347 W INDIAN SCHOOL RD _____
PHOENIX, AZ 85031 _____
Business Phone: (602)272-9670 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160145

ANDREA DAHLMAN LEWKOWITZ
CP BOULDERS LLC
BAKERY CAFE AT EL PEDREGAL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070362 Renew? _____ Yes _____ No
Status: Inactive Status Date: 8/7/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: BAKERY CAFE AT EL PEDREGAL _____
34505 N SCOTTSDALE RD STE A8 _____
SCOTTSDALE, AZ 85212 _____
Business Phone: (480)488-9009 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160146

LEWIS CJ KUBITZ
BAD WATER BREWING LLC
BAD WATER BREWING
4216 N BROWN AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070001 Renew? _____ Yes _____ No
Status: Active Status Date: 8/4/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LEWIS CJ KUBITZ _____
Location: BAD WATER BREWING _____
4216 N BROWN AVE _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)748-4460 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160147

DOUGLAS WAYNE ABERNATHY
KOLBY'S CORNER POCKET BILLIARDS LLC
KOLBY'S CORNER POCKET BILLIARDS
1301 E UNIVERSITY DR #112
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070660 Renew? _____ Yes _____ No
Status: Active Status Date: 6/14/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DOUGLAS WAYNE ABERNATHY _____
Location: KOLBY'S CORNER POCKET BILLIARDS _____
1301 E UNIVERSITY DR #112 _____
TEMPE, AZ 85281 _____
Business Phone: (480)829-7344 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160148

APOSTOLOS ARGYROS
YO PAULY'S NEW YORK PIZZA CO LLC
YO PAULY'S NEW YORK PIZZA CO
6433 E GRANDVIEW DR
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070587 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: APOSTOLOS ARGYROS _____
Location: YO PAULY'S NEW YORK PIZZA CO _____
8880 E VIA LINDA #102 _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)451-4400 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160149

RICHARD FRED STARK
PAB NEIGHBORHOOD KITCHEN #1, LLC
PHOENIX ALE BREWERY CENTRAL KITCHEN
10140 E DOUBLETREE RANCH RD
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070273 Renew? _____ Yes _____ No
Status: Inactive Status Date: 1/4/2016
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RICHARD FRED STARK _____
Location: PHOENIX ALE BREWERY CENTRAL KITCHEN _____
5813 N 7TH ST #140 _____
PHOENIX, AZ 85014 _____
Business Phone: (480)217-6595 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160150

AARON WILLIAM KUNKLE
TG GOLF INC
GRILLE AT LONE TREE GOLF CLUB
6262 S MOUNTAIN BLVD
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070044 Renew? _____ Yes _____ No
Status: Active Status Date: 2/8/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AARON WILLIAM KUNKLE _____
Location: GRILLE AT LONE TREE GOLF CLUB _____
6262 S MOUNTAIN BLVD _____
CHANDLER, AZ 85249 _____
Business Phone: (480)219-0834 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160151

THANOM CHAIYASUT
TAL INC
THAI LAHNA
3738 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070102 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes: (may require additional Filing)
Agent: THANOM CHAIYASUT _____
Location: THAI LAHNA _____
3738 E INDIAN SCHOOL RD _____
PHOENIX, AZ 85018 _____
Business Phone: (602)955-4658 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160152

ZOYA VORA-SHAH
CHOYA WINES LLC
MY WINE CELLAR
5030 E WARNER RD #1-2
PHOENIX AZ 85044

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070141 Renew? _____ Yes _____ No
Status: Active Status Date: 2/2/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ZOYA VORA-SHAH _____
Location: MY WINE CELLAR _____
5030 E WARNER RD #1-2 _____
PHOENIX, AZ 85044 _____
Business Phone: (480)598-9463 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160153

PHILIP JESSE GREEN, SR.
OB SPORTS GOLF MANAGEMENT (LONGBOW) LLC
LONGBOW GOLF CLUB
7025 E GREENWAY PKWY #550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070286 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2005
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PHILIP JESSE GREEN, SR. _____
Location: LONGBOW GOLF CLUB _____
5601 E MCDOWELL RD _____
MESA, AZ 85215 _____
Business Phone: (480)807-5400 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160154

JASON BARCLAY MORRIS
LSM GOLF LLC
LAS SENDAS GOLF CLUB
7555 E EAGLE CREST DR
MESA AZ 85207

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070041 Renew? _____ Yes _____ No
Status: Active Status Date: 3/18/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: LAS SENDAS GOLF CLUB _____
7555 E EAGLE CREST DR _____
MESA, AZ 85207 _____
Business Phone: (480)396-4000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160155

MOON K KWOK
K K RESTAURANT INC
SUPER DRAGON RESTAURANT
1212 E NORTHERN AVE
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070622 Renew? _____ Yes _____ No
Status: Active Status Date: 8/11/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MOON K KWOK _____
Location: SUPER DRAGON RESTAURANT _____
1212 E NORTHERN AVE _____
PHOENIX, AZ 85020 _____
Business Phone: (602)997-1685 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160156

BRYAN KEITH DOOLEY
BRYAN'S BARBECUE LLC
BRYAN'S BLACK MOUNTAIN BARBECUE
PO BOX 5490
CAREFREE AZ 85377

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07075002 Renew? _____ Yes _____ No
Status: Active Status Date: 9/22/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRYAN KEITH DOOLEY _____
Location: BRYAN'S BLACK MOUNTAIN BARBECUE _____
6130 E CAVE CREEK RD _____
CAVE CREEK, AZ 85331 _____
Business Phone: (602)999-6979 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160157

RANDY D NATIONS
GOLDWATER BREWING COMPANY LLC
GOLDWATER BREWING CO
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076010 Renew? _____ Yes _____ No
Status: Active Status Date: 4/24/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: GOLDWATER BREWING CO _____
3608 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)350-7305 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160158

MACEY DANAE DUNCAN
CSM HOTEL MANAGEMENT LLC
RESIDENCE INN PHOENIX MESA
500 WASHINGTON AVE S STE 3000
MINNEAPOLIS MN 55415

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070149 Renew? _____ Yes _____ No
Status: Active Status Date: 8/7/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MACEY DANAE DUNCAN _____
Location: RESIDENCE INN PHOENIX MESA _____
941 W GROVE AVE _____
MESA, AZ 85210 _____
Business Phone: (480)610-0100 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160159

KENNETH C KNUDSON
COTTON CENTER HOSPITALITY LLC
HOMWOOD SUITES BY HILTON
4750 E COTTON CENTER BLVD
PHOENIX AZ 85040

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070688 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KENNETH C KNUDSON _____
Location: HOMEWOOD SUITES BY HILTON _____
4750 E COTTON CENTER BLVD _____
PHOENIX, AZ 85040 _____
Business Phone: (602)470-2100 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160160

JAMES MATTHEW SCUSSEL
FOUR PEAKS NORTH SCOTTSDALE INC
FOUR PEAKS GRILL & TAP
15745 N HAYDEN RD D5-7
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070366 Renew? _____ Yes _____ No
Status: Active Status Date: 12/2/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAMES MATTHEW SCUSSEL _____
Location: FOUR PEAKS GRILL & TAP _____
15745 N HAYDEN RD D 5-7 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)991-1795 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160161

BARDHUL KOSOVRASTI
WHITESTAR PIZZA INC
RAY'S PIZZA
15577 N HAYDEN RD #C108
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071009 Renew? _____ Yes _____ No
Status: Active Status Date: 3/9/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BARDHUL KOSOVRASTI _____
Location: RAY'S PIZZA _____
15577 N HAYDE RD #C108 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (602)303-0610 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160162

CHANG HUI SO
SO LOUNGE LLC
JC'S SPORTS BAR
10630 N 59TH AVE #104
GLENDALE AZ 85304

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070501 Renew? _____ Yes _____ No
Status: Active Status Date: 1/22/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHANG HUI SO _____
Location: JC'S SPORTS BAR _____
10630 N 59TH AVE #104 _____
GLENDALE, AZ 85304 _____
Business Phone: (623)249-6046 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160163

BRIAN WILLIAM MAHONEY
TERROIR HOLDINGS LLC
TERROIR WINE PUB
7001 N SCOTTSDALE RD #157
SCOTTSDALE AZ 85253

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070152 Renew? _____ Yes _____ No
Status: Active Status Date: 5/18/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRIAN WILLIAM MAHONEY _____
Location: TERROIR WINE PUB _____
7001 N SCOTTSDALE RD #157 _____
SCOTTSDALE, AZ 85253 _____
Business Phone: (480)922-3470 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160164

JOHN ROBERT FINN
PHOENIX WINE STORAGE LLC
PHOENIX WINE STORAGE
329 W GRANADA
PHOENIX AZ 85003

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070367 Renew? _____ Yes _____ No
Status: Active Status Date: 3/19/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN ROBERT FINN _____
Location: PHOENIX WINE STORAGE _____
6047 N 16TH ST _____
PHOENIX, AZ 85016 _____
Business Phone: (602)633-1896 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160165

RAYMOND FU WING YU
MAY GARDEN RESTAURANT
5814 W INDIAN SCHOOL RD
PHOENIX AZ 85031

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070013 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: MAY GARDEN RESTAURANT _____
5814 W INDIAN SCHOOL RD _____
PHOENIX, AZ 85031 _____
Business Phone: (623)245-0052 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160166

CHRISTINE ANN SISCO
SISCO'S PIZZERIA LLC
CHRISSEY'S NINO'S PIZZERIA
9008 N 99TH AVE #1
PEORIA AZ 85345

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070556 Renew? _____ Yes _____ No
Status: Active Status Date: 8/4/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHRISTINE ANN SISCO _____
Location: CHRISSY'S NINO'S PIZZERIA _____
9008 N 99TH AVE # 1 _____
PEORIA, AZ 85345 _____
Business Phone: (602)972-1993 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160167

ERIC TAYLOR DAHL
LOST LEAF GALLERY
P O BOX 13646
PHOENIX AZ 85002

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07073003 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: LOST LEAF GALLERY _____
914 N 5TH ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)258-0014 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160168

MARGARITA MARICELA MADRIGAL
EL RANCHERO OF TRADITIONAL MEXICAN FOOD AND MORE LLC
EL RANCHERO
3030 N 68TH ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070351 Renew? _____ Yes _____ No
Status: Inactive Status Date: 5/7/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARGARITA MARICELA MADRIGAL _____
Location: EL RANCHERO _____
3030 N 68TH ST _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)336-0443 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160169

GUS C THEODOROPOULOS
JP MC GURKEE'S SANDWICH SHOP
2822 N 15TH AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070722 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: JP MC GURKEE'S SANDWICH SHOP _____
2822 N 15TH AVE _____
PHOENIX, AZ 85007 _____
Business Phone: (602)274-4262 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160170

ANDREA DAHLMAN LEWKOWITZ
WHINING PIG LLC
WHINING PIG
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85016

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070190 Renew? _____ Yes _____ No
Status: Active Status Date: 9/30/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WHINING PIG _____
1612 E BETHANY HOME RD _____
PHOENIX, AZ 85016 _____
Business Phone: (602)633-1244 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160171

NICHOLAS PAUL CAVOLO
MARITA INC
PETER PIPER PIZZA
7607 E MCDOWELL RD #101
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070098 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NICHOLAS PAUL CAVOLO _____
Location: PETER PIPER PIZZA _____
7607 E MCDOWELL RD STE 101 _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)990-0552 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160172

CRAIG RANDAL DEMARCO
KC & LW LLC
POSTINO CENTRAL
5210 N CENTRAL AVE STE 101
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070755 Renew? _____ Yes _____ No
 Status: Active Status Date: 3/31/2009
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: CRAIG RANDAL DEMARCO _____
 Location: POSTINO CENTRAL _____
 5144 N CENTRAL AVE _____
 PHOENIX, AZ 85012 _____
 Business Phone: (602)274-8814 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160173

ALMA HERNANDEZ
PLAYAS DEL NOVILLERO
6845 S CENTRAL AVE
PHOENIX AZ 85042

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070492 Renew? _____ Yes _____ No
Status: Active Status Date: 11/17/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: PLAYAS DEL NOVILLERO _____
6845 S CENTRAL AVE _____
PHOENIX, AZ 85042 _____
Business Phone: (602)232-6025 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160174

JACQUE M CANCELLA
T C N CORP
PEDRO'S
4938 W GLENDALE AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070080 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JACQUE M CANCELLA _____
Location: PEDRO'S _____
4938 W GLENDALE AVE _____
GLENDALE, AZ 85301 _____
Business Phone: 6239370807 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160175

OLIVIA GARCIA
JO GARCIA INC
GARCIA'S TAKE OUT
2216 N 35TH AVE
PHOENIX AZ 85009

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070696 Renew? _____ Yes _____ No
Status: Active Status Date: 4/17/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: OLIVIA GARCIA _____
Location: GARCIA'S TAKE OUT _____
2216 N 35TH AVE _____
PHOENIX, AZ 85009 _____
Business Phone: (602)272-5584 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160176

JESSICA KIMLEY CHENG
PRIME CHINESE RESTAURANT
3240 W CAMINO VISTA
PHOENIX AZ 85013

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070744 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: PRIME CHINESE RESTAURANT _____
24 W CAMELBACK RD STE H _____
PHOENIX, AZ 85013 _____
Business Phone: (602)274-7219 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160177

DONNA JEAN JACKSON
MACADAW CORP
BARRO'S PIZZA
35305 N 26TH AVE
PHOENIX AZ 85086

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070373 Renew? _____ Yes _____ No
Status: Active Status Date: 3/14/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DONNA JEAN JACKSON _____
Location: BARRO'S PIZZA _____
2510 W THUNDERBIRD RD _____
PHOENIX, AZ 85023 _____
Business Phone: (602)866-8336 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160178

RANDY D NATIONS
GEN 2 LLC
YARD CIGAR BAR
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070750 Renew? _____ Yes _____ No
Status: Active Status Date: 7/13/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: YARD CIGAR BAR _____
1981 W ELLIOT RD _____
CHANDLER, AZ 85224 _____
Business Phone: (480)855-7233 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160179

GARY JAMES HUMPHREY
GOLF HOLDING COMPANY INC
SUNLAND SPRINGS SNACK BAR
11061 E MEDINA ST
MESA AZ 85209

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070796 Renew? _____ Yes _____ No
Status: Pending Status Date: 12/29/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GARY JAMES HUMPHREY _____
Location: SUNLAND SPRINGS SNACK BAR _____
11061 E MEDINA ST _____
MESA, AZ 85209 _____
Business Phone: (480)984-4209 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160180

GREGORY SCOTT ECCLES
TOP'S LIQUOR INC
TASTE OF TOPS
403 W UNIVERSITY DR #104
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070079 Renew? _____ Yes _____ No
Status: Active Status Date: 3/17/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GREGORY SCOTT ECCLES _____
Location: TASTE OF TOPS _____
403 W UNIVERSITY DR #103 _____
TEMPE, AZ 85281 _____
Business Phone: (480)967-5643 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160181

ELIZABETH MARIE CARUANA
G.E.M.S. FAMILY HOLDINGS LLC
RARE EARTH COFFEE & WINE BAR
31013 N 41ST PLACE
CAVE CREEK AZ 85331

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070758 Renew? _____ Yes _____ No
Status: Active Status Date: 3/5/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ELIZABETH MARIE CARUANA _____
Location: RARE EARTH COFFEE & WINE BAR _____
28190 N ALMA SCHOOL RD STE 209 _____
SCOTTSDALE, AZ 85262 _____
Business Phone: (623)221-6237 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160182

RUDY VALENZUELA
RUDY'S RESTAURANT
P O BOX 127
QUEEN CREEK AZ 85242

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070598 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: RUDY'S RESTAURANT _____
21824 S ELLSWORTH RD _____
QUEEN CREEK, AZ 85254 _____
Business Phone: (480)987-9500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160183

VANNA VORACHITTI
WANNA LLC
SIAMESE KITCHEN
16826 N 33RD DR
PHOENIX AZ 85053

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070565 Renew? _____ Yes _____ No
Status: Active Status Date: 6/7/2000
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: VANNA VORACHITTI _____
Location: SIAMESE KITCHEN _____
4352 W OLIVE AVE _____
GLENDALE, AZ 85302 _____
Business Phone: (602)931-3229 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160184

KATHLEEN ELIZABETH DIONNE
NTM INVESTMENTS LLC
COYOTE LAKES GOLF CLUB
18800 N COYOTE LAKES PKWY
SURPRISE AZ 85374

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070270 Renew? _____ Yes _____ No
Status: Active Status Date: 6/27/2005
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KATHLEEN ELIZABETH DIONNE _____
Location: COYOTE LAKES GOLF CLUB _____
18800 N COYOTE LAKES PKWY _____
SURPRISE, AZ 85374 _____
Business Phone: (623)566-2323 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160185

RANDY D NATIONS
JAMEKA INC
SOHO 63
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070653 Renew? _____ Yes _____ No
Status: Active Status Date: 11/25/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SOHO 63 _____
63 E BOSTON ST _____
CHANDLER, AZ 85225 _____
Business Phone: (480)893-8778 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160186

NAIM SAITI
BROTHER'S PIZZA INC
BROTHER'S PIZZA
10720 W INDIAN SCHOOL RD #13
PHOENIX AZ 85037

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070747 Renew? _____ Yes _____ No
Status: Active Status Date: 3/23/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NAIM SAITI _____
Location: BROTHER'S PIZZA _____
10720 W INDIAN SCHOOL RD #13 _____
PHOENIX, AZ 85037-5721 _____
Business Phone: (602)877-3660 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160187

ERNESTO DANIEL OCHOA
P D SUNSTATE LLC
NETO'S PASSTIME BAR
P O BOX 2121
GILA BEND AZ 85337

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070359 Renew? _____ Yes _____ No
Status: Active Status Date: 3/18/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ERNESTO DANIEL OCHOA _____
Location: NETO'S PASSTIME BAR _____
104 W MURPHY ST _____
GILA BEND, AZ 85337 _____
Business Phone: (928)683-2472 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160188

LISA LIANG
BIG HENG INC
BIG HENG RESTUARANT
7530 W PEORIA AVE
PEORIA AZ 85345

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070155 Renew? _____ Yes _____ No
Status: Active Status Date: 3/7/2002
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LISA LIANG _____
Location: BIG HENG RESTUARANT _____
7530 W PEORIA AVE _____
PEORIA, AZ 85345 _____
Business Phone: (602)334-9888 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160189

RANDY D NATIONS
WICKENBURG COUNTRY CLUB GOLF LC
WICKENBURG COUNTRY CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070428 Renew? _____ Yes _____ No
Status: Active Status Date: 8/8/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: WICKENBURG COUNTRY CLUB _____
1420 W COUNTRY CLUB DR _____
WICKENBURG, AZ 85358 _____
Business Phone: (928)684-2011 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160190

DORIAN RAY LENZ, II
PHOENIX IMPROV LLC
NATIONAL COMEDY THEATRE
1725 W AUBURN ST
MESA AZ 85201

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070168 Renew? _____ Yes _____ No
Status: Active Status Date: 3/7/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DORIAN RAY LENZ, II _____
Location: NATIONAL COMEDY THEATRE _____
1111 S LONGMORE STE B6 _____
MESA, AZ 85202 _____
Business Phone: (602)374-5638 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160191

ANDREA DAHLMAN LEWKOWITZ
SANACORTE HOLDINGS LLC
MOD
2600 N CENTRAL AVE # 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070301 Renew? _____ Yes _____ No
Status: Active Status Date: 1/10/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: MOD _____
2828 N CENTRAL AVE 1ST FL _____
PHOENIX, AZ 85004 _____
Business Phone: (602)687-9417 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160192

DANIEL VALDIVIA
LOS COMPADRES MEXICAN FOOD INC
LOS COMPADRES RESTAURANT
4414 N 7TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070596 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DANIEL VALDIVIA _____
Location: LOS COMPADRES RESTAURANT _____
4414 N 7TH AVE _____
PHOENIX, AZ 85013 _____
Business Phone: (602)266-3549 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160193

VINCENT WALLACE VAN VLEET
PLAYHOUSE ON THE PARK LLC
PLAYHOUSE ON THE PARK
1268 E EDGEMONT AVE
PHOENIX AZ 85006

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07075005 Renew? _____ Yes _____ No
Status: Active Status Date: 7/21/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: VINCENT WALLACE VAN VLEET _____
Location: PLAYHOUSE ON THE PARK _____
1850 N CENTRAL AVE _____
PHOENIX, AZ 85004 _____
Business Phone: (602)524-2616 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160194

RANDY D NATIONS
SCOTTSDALE HOTEL PARTNERS LLC
MARRIOTT RESIDENCE INN
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070051 Renew? _____ Yes _____ No
Status: Active Status Date: 11/21/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: MARRIOTT RESIDENCE INN _____
17011 NORTH SCOTTSDALE ROAD _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)563-4120 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160195

THERESA JUNE MORSE
 RANCHO OCHOA & RODEO GROUNDS LLC
 RANCHO OCHOA
 6632 W BROADWAY RD
 PHOENIX AZ 85043

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070053 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: RANCHO OCHOA _____
6632 W BROADWAY RD _____
PHOENIX, AZ 85043 _____
Business Phone: (602)743-7907 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160196

STEPHEN JOHN DALLAS
MJC DALLAS INC
SOUTHERN RIDGE GOLF CLUB
5740 W BASELINE RD
LAVEEN AZ 85339

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070038 Renew? _____ Yes _____ No
Status: Active Status Date: 1/9/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: STEPHEN JOHN DALLAS _____
Location: SOUTHERN RIDGE GOLF CLUB _____
5740 W BASELINE RD _____
LAVEEN, AZ 85339 _____
Business Phone: (602)237-4567 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160197

MIRIAM RUTH HAYENGA
MODERN GROVE TATUM AND GREENWAY LLC
MODERN GROVE
450 N MCCLINTOCK DR #102 2ND FL
CHANDLER AZ 85226

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070700 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MIRIAM RUTH HAYENGA _____
Location: MODERN GROVE _____
15530 N TATUM BLVD #160 _____
PHOENIX, AZ 85032 _____
Business Phone: (602)992-1127 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160198

TRACY LILLIAN COLBURN
WG SCOTTSDALE LLC
ATRIA SIERRA POINTE
ATRIA SENIOR LIVING
LEGAL DEPT
LOUISVILLE KY 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071012 Renew? _____ Yes _____ No
Status: Active Status Date: 4/24/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TRACY LILLIAN COLBURN _____
Location: ATRIA SIERRA POINTE _____
14500 N FRANK LLOYD WRIGHT BLVD _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)767-9800 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160199

LAWRENCE JAY BENJAMIN
WOODBRIDGE HOSPITALITY LLC
HOMWOOD SUITES HOTEL
9880 N SCOTTSDALE RD
SCOTTSDALE AZ 85253

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070630 Renew? _____ Yes _____ No
Status: Active Status Date: 3/28/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAWRENCE JAY BENJAMIN _____
Location: HOMEWOOD SUITES HOTEL _____
9880 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85253 _____
Business Phone: (480)368-8705 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160200

WILLIAM ALLAN MCKELLIPS
SALUTE THE GIVER LLC
GRAPEABLES FINE WINE
16800 E EL LAGO BLVD # 2035
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070878 Renew? _____ Yes _____ No
Status: Active Status Date: 10/15/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: WILLIAM ALLAN MCKELLIPS _____
Location: GRAPEABLES FINE WINE _____
12645 N SAGUARO BLVD STE #9 _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)816-5959 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160201

CRAIG RANDAL DEMARCO
POSTINO WINEBAR LLC
POSTINO WINEBAR
5210 N CENTRAL AVE SUITE 101
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070735 Renew? _____ Yes _____ No
Status: Active Status Date: 3/22/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CRAIG RANDAL DEMARCO _____
Location: POSTINO WINEBAR _____
3939 E CAMPBELL #100 _____
PHOENIX, AZ 85018 _____
Business Phone: (602)852-3939 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160202

JOSH IVEY
WOOD FIRED PIZZA CO LLC
CRAFT 64
6922 E MAIN ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070444 Renew? _____ Yes _____ No
Status: Active Status Date: 11/5/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOSH IVEY _____
Location: CRAFT 64 _____
6922 E MAIN ST _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)946-0542 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160203

SAI Y LEE
YIN'S CHINESE RESTAURANT
7143 W COTTONTAIL LN
PEORIA AZ 85383

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070575 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2002
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: YIN'S CHINESE RESTAURANT _____
1950 W INDIAN SCHOOL RD STE 12 _____
PHOENIX, AZ 85015 _____
Business Phone: (602)279-5174 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160204

KENNETH BRUCE POLLACK
WORLD WIDE RESTAURANTS INC
BABBO ITALIAN EATERY
P O BOX 27647
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070760 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KENNETH BRUCE POLLACK _____
Location: BABBO ITALIAN EATERY _____
20211 N 67TH AVE _____
GLENDALE, AZ 85308 _____
Business Phone: (623)566-9898 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160205

RANDY D NATIONS
WSLLH LLC
WESTERN SKIES GOLF CLUB
C/O ADDISON LAW FIRM
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070120 Renew? _____ Yes _____ No
Status: Active Status Date: 9/28/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: WESTERN SKIES GOLF CLUB _____
1245 E WARNER RD _____
GILBERT, AZ 85296 _____
Business Phone: (480)545-8542 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160206

DAVID WAYNE JOHNSON
T P RACING LLLP
LUCKY HORSE KITCHEN
1501 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070039 Renew? _____ Yes _____ No
 Status: Pending Status Date: 10/2/2015
 License Inactive? _____ Yes _____ No Changes: (may require additional Filing)
 Agent: DAVID WAYNE JOHNSON _____
 Location: LUCKY HORSE KITCHEN _____
 1501 W BELL RD _____
 PHOENIX, AZ 85023 _____
 Business Phone: (602)434-8750 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160207

JIA H WANG
WELL SUCCESS INC
BEST HONG KONG DINING
1116 S DOBSON RD #23-124
MESA AZ 85202

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070637 Renew? _____ Yes _____ No
Status: Active Status Date: 4/4/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JIA H WANG _____
Location: BEST HONG KONG DINING _____
1116 S DOBSON RD #123-124 _____
MESA, AZ 85202 _____
Business Phone: (602)655-8262 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160208

RITA LYNN SPEARS
NELLO'S 4 INC
NELLO'S
4710 E WARNER RD STE 10
PHOENIX AZ 85044

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070234 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RITA LYNN SPEARS _____
Location: NELLO'S _____
4710 E WARNER RD STE 10 _____
PHOENIX, AZ 85044 _____
Business Phone: (480)893-8930 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160209

NICHOLAS CARL GUTTILLA
SAFeway INC
SAFeway #1491
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076002 Renew? _____ Yes _____ No
Status: Active Status Date: 6/26/2013
License Inactive? _____ Yes _____ No Changes: (may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1491 _____
7920 E CHAPARRAL _____
SCOTTSDALE, AZ 85250 _____
Business Phone: (480)994-5653 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160210

RANDY D NATIONS
BIG LEAGUE DREAMS GILBERT LLC
BIG LEAGUE DREAMS SPORTS PARK
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070851 Renew? _____ Yes _____ No
Status: Active Status Date: 1/4/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: BIG LEAGUE DREAMS SPORTS PARK _____
4536 E ELLIOT RD _____
GILBERT, AZ 85234 _____
Business Phone: (480)813-1270 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160211

LORRAINE GLAESER
STREETS OF NEW YORK INC
STREETS OF NEW YORK #9
11811 N TATUM BLVD #P180
PHOENIX AZ 85022

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070071 Renew? Yes No
Status: Active Status Date: 3/2/1999
License Inactive? Yes No Changes:(may require additional Filing)
Agent: LORRAINE GLAESER _____
Location: STREETS OF NEW YORK #9 _____
5031 N 44TH ST _____
PHOENIX, AZ 85018 _____
Business Phone: (602)952-0124 _____

Renewal Fees:
License Renewal: 75.00
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# 07070248 Renew? Yes No
Status: Active Status Date: 2/27/2002
License Inactive? Yes No Changes:(may require additional Filing)
Agent: LORRAINE GLAESER _____
Location: STREETS OF NEW YORK _____
542 W BASELINE RD #105 _____
MESA, AZ 85210 _____
Business Phone: (480)733-3777 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

License# 07070249 Renew? Yes No
Status: Active Status Date: 3/2/1999
License Inactive? Yes No Changes:(may require additional Filing)
Agent: LORRAINE GLAESER _____
Location: STREETS OF NEW YORK _____
5965 W RAY RD _____
CHANDLER, AZ 85226 _____
Business Phone: (480)893-6700 _____

Renewal Fees:
License Renewal: 75.00
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# 07070253 Renew? Yes No
Status: Active Status Date: 10/5/2007
License Inactive? Yes No Changes:(may require additional Filing)
Agent: LORRAINE GLAESER _____
Location: STREETS OF NEW YORK _____
2805 W CAREFREE HWY _____
PHOENIX, AZ 85086 _____
Business Phone: (623)587-0177 _____

Renewal Fees:

License Renewal:	75.00
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# 07070254 Renew? Yes No
 Status: Active Status Date: 6/25/1999
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: LORRAINE GLAESER _____
 Location: STREETS OF NEW YORK _____
 214 E CAMELBACK RD _____
 PHOENIX, AZ 85012 _____
 Business Phone: (602)230-7770 _____

Renewal Fees:

License Renewal:	75.00
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# 07070255 Renew? Yes No
 Status: Active Status Date: 3/2/1999
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: LORRAINE GLAESER _____
 Location: STREETS OF NEW YORK #8 _____
 9301 E SHEA BLVD #135 _____
 SCOTTSDALE, AZ 85260 _____
 Business Phone: (480)391-1900 _____

Renewal Fees:

License Renewal:	75.00
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# 07070265 Renew? Yes No
 Status: Active Status Date: 12/8/2008
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: LORRAINE GLAESER _____
 Location: STREETS OF NEW YORK _____
 15560 N FRANK LLOYD WRIGHT BLVD #6 _____
 SCOTTSDALE, AZ 85260 _____
 Business Phone: (480)614-9480 _____

Renewal Fees:

License Renewal:	75.00
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# 07070417 Renew? Yes No
 Status: Active Status Date: 12/8/2008
 License Inactive? Yes No Changes:(may require additional Filing)
 Agent: LORRAINE GLAESER _____
 Location: STREETS OF NEW YORK _____
 6740 W DEER VALLEY RD STE 101 _____

GLENDALE, AZ 85310
Business Phone: (623)572-9887

Renewal Fees:

License Renewal: 75.00
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# 07070645 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LORRAINE GLAESER
Location: STREETS OF NEW YORK #4
6730 E THOMAS RD
SCOTTSDALE, AZ 85251
Business Phone: (480)949-9036

Renewal Fees:

License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160212

H J LEWKOWITZ
44 SCOTTSDALE LLC
HYATT HOUSE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070678 Renew? _____ Yes _____ No
Status: Active Status Date: 9/14/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: HYATT HOUSE _____
4245 N DRINKWATER BLVD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)946-7700 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160213

RANDAL THOMAS JOHNSON
RECREATION CENTERS OF SUN CITY INC
BELL LANES
10626 W THUNDERBIRD BLVD
SUN CITY AZ 85351

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070506 Renew? Yes No
Status: Active Status Date: 3/2/2007
License Inactive? Yes No Changes:(may require additional Filing)
Agent: RANDAL THOMAS JOHNSON _____
Location: BELL LANES _____
16820 N 99TH AVE _____
SUN CITY, AZ 85351 _____
Business Phone: (623)876-3050 _____

Renewal Fees:
License Renewal: 75.00
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# 07070507 Renew? Yes No
Status: Active Status Date: 7/23/2012
License Inactive? Yes No Changes:(may require additional Filing)
Agent: RANDAL THOMAS JOHNSON _____
Location: LAKEVIEW LANES _____
10502 W THUNDERBIRD BLVD _____
SUN CITY, AZ 85351 _____
Business Phone: (623)876-3055 _____

Renewal Fees:
License Renewal: 75.00
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# 07070508 Renew? Yes No
Status: Active Status Date: 6/22/2009
License Inactive? Yes No Changes:(may require additional Filing)
Agent: JANET MARIE EK _____
Location: SOUTH GOLF COURSE _____
11000 N 103RD AVE _____
SUN CITY, AZ 85351 _____
Business Phone: (623)876-3017 _____

Renewal Fees:
License Renewal: 75.00
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# 07070509 Renew? Yes No
Status: Active Status Date: 6/22/2009
License Inactive? Yes No Changes:(may require additional Filing)
Agent: JANET MARIE EK _____
Location: SUN CITY LAKES GOLF CLUB _____
10433 W TALISMAN RD _____
SUN CITY, AZ 85351 _____
Business Phone: (623)876-3022 _____

Renewal Fees:

License Renewal:	75.00
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# 07070510 Renew? _____ Yes _____ No
 Status: Active Status Date: 6/22/2009
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: JANET MARIE EK _____
 Location: RIVER VIEW GOLF COURSE _____
 16401 N DEL WEBB BLVD _____
 SUN CITY, AZ 85351 _____
 Business Phone: (623)876-3025 _____

Renewal Fees:

License Renewal:	75.00
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# 07070511 Renew? _____ Yes _____ No
 Status: Active Status Date: 6/22/2009
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: JANET MARIE EK _____
 Location: NORTH GOLF COURSE _____
 12650 N 107TH AVE _____
 SUN CITY, AZ 85351 _____
 Business Phone: (623)876-3012 _____

Renewal Fees:

License Renewal:	75.00
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# 07070512 Renew? _____ Yes _____ No
 Status: Active Status Date: 6/22/2009
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: JANET MARIE EK _____
 Location: WILLOWCREEK WILLOW BROOK GOLF COURSE _____
 10600 BOSWELL BLVD _____
 SUN CITY, AZ 85351 _____
 Business Phone: (623)876-3032 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160214

CHESTER BRADFORD HARRINGTON, IV
COLDWATER SPRINGS GOLF LLC
COLDWATER SPRINGS GOLF CLUB
100 CLUBHOUSE DR
AVONDALE AZ 85323

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070012 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHESTER BRADFORD HARRINGTON, IV _____
Location: COLDWATER SPRINGS GOLF CLUB _____
100 CLUBHOUSE DR _____
AVONDALE, AZ 85323 _____
Business Phone: (623)932-9000 _____

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 _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160215

ROGER D BEHRENS
GR PANTHERS INC
PHOENIX SPORTS CENTRE
3839 W INDIAN SCHOOL RD
PHOENIX AZ 85019

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070601 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROGER D BEHRENS _____
Location: PHOENIX SPORTS CENTRE _____
3839 W INDIAN SCHOOL RD _____
PHOENIX, AZ 85019 _____
Business Phone: (602)272-2938 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160216

CUONG A COOC
GOLDEN CANYON CHINESE RESTAURANT
3651 S TOWER AVE
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070742 Renew? _____ Yes _____ No
Status: Inactive Status Date: 2/28/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: GOLDEN CANYON CHINESE RESTAURANT _____
1133 S DOBSON RD _____
MESA, AZ 85202 _____
Business Phone: (480)835-7343 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160217

STEPHEN V DURAND
SAGUARO LAKE RANCH INC
SAGUARO LAKE GUEST RANCH
13020 BUSH HWY
MESA AZ 85215

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070210 Renew? _____ Yes _____ No
Status: Active Status Date: 3/4/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: STEPHEN V DURAND _____
Location: SAGUARO LAKE GUEST RANCH _____
13020 BUSH HWY _____
MESA, AZ 85215 _____
Business Phone: (480)984-2194 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160218

BRIAN LEE WHITCOMB
SUN STATES SPORTS INC
500 CLUB
4707 W PINNACLE PEAK RD
GLENDALE AZ 85310

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070547 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2001
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRIAN LEE WHITCOMB _____
Location: 500 CLUB _____
4707 W PINNACLE PEAK RD _____
GLENDALE, AZ 85310 _____
Business Phone: (602)492-9500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160219

CHARLES LELAND ELAM
APPLE NINE HOSPITALITY MANAGEMENT INC
RESIDENCE INN PHOENIX NORTH/ HAPPY VALLEY
814 E MAIN ST
RICHMOND VA 23219

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070483 Renew? _____ Yes _____ No
Status: Active Status Date: 6/29/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHARLES LELAND ELAM _____
Location: RESIDENCE INN PHOENIX NORTH/ HAPPY VALLEY _____
2035 W WHISPERING WIND DR _____
PHOENIX, AZ 85085 _____
Business Phone: (623)580-8844 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160220

VICTORIANO SOTO PINA
LA FAMILIA PINA SPORTS BAR LLC
LA FAMILIA PINA SPORTS BAR
9101 W FILLMORE ST
TOLLESON AZ 85353

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070075 Renew? _____ Yes _____ No
Status: Active Status Date: 3/22/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: VICTORIANO SOTO PINA _____
Location: LA FAMILIA PINA SPORTS BAR _____
9101 W FILLMORE _____
TOLLESON, AZ 85353 _____
Business Phone: (623)936-4880 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160221

CAMERON PATRICK SELOGIE
IL VINAIO LLC
IL VINAIO
2164 S RAVEN CIRCLE
MESA AZ 85209

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070315 Renew? _____ Yes _____ No
Status: Active Status Date: 3/9/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CAMERON PATRICK SELOGIE _____
Location: IL VINAIO _____
270 W MAIN ST _____
MESA, AZ 85209 _____
Business Phone: (480)649-6476 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160222

LAWRENCE EDWARD ELLIGET
HSP RESORTS LLC
SPRINGFIELD'S EAGLES NEST GRILL
1200 E ST ANDREWS BLVD #A
CHANDLER AZ 85249

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070624 Renew? _____ Yes _____ No
Status: Active Status Date: 3/17/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAWRENCE EDWARD ELLIGET _____
Location: SPRINGFIELD'S EAGLES NEST GRILL _____
1200 E ST ANDREWS BLVD #A _____
CHANDLER, AZ 85249 _____
Business Phone: (480)895-5759 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160223

ANDREA DAHLMAN LEWKOWITZ
JADA ENTERPRISES LLC
BAHIA DE KINO
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070687 Renew? _____ Yes _____ No
Status: Active Status Date: 1/28/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: BAHIA DE KINO _____
1040 W BROADWAY _____
MESA, AZ 85210 _____
Business Phone: (480)668-8846 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160224

JAY GOVIND OLSON
LONDYN LLC
QUALITY SUITES LOUNGE
P O BOX 207
FLAGSTAFF AZ 86002

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070772 Renew? _____ Yes _____ No
Status: Active Status Date: 9/5/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAY GOVIND OLSON _____
Location: QUALITY SUITES LOUNGE _____
1635 N SCOTTSDALE RD _____
TEMPE, AZ 85281 _____
Business Phone: (480)947-3711 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160225

BRUCE ROBERT BARRO
A & D PIZZA INC
BARRO'S PIZZA
633 E RAY RD #116
GILBERT AZ 85296

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070033 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRUCE ROBERT BARRO _____
Location: BARRO'S PIZZA _____
1925 E BROWN RD #3 _____
MESA, AZ 85203 _____
Business Phone: (480)834-1541 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160226

LAUREN ELAINE BAILEY
PNST LLC
POSTINO KIERLAND
5210 N CENTRAL AVE STE 101
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070050 Renew? _____ Yes _____ No
Status: Active Status Date: 10/8/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN ELAINE BAILEY _____
Location: POSTINO KIERLAND _____
7030 E GREENWAY PKWY STE185E1A _____
SCOTTSDALE, AZ 85254 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160227

TIMOTHY ALLEN AMUNDSON
UNCORKED WINES LLC
UNCORKED THE UNPRETENTIOUS WINE BAR
5640 E BELL RD #1093
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070186 Renew? _____ Yes _____ No
Status: Inactive Status Date: 6/30/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TIMOTHY ALLEN AMUNDSON _____
Location: UNCORKED THE UNPRETENTIOUS WINE BAR _____
16427 N SCOTTSDALE RD STE 130 _____
SCOTTSDALE, AZ 85254 _____
Business Phone: (480)699-9230 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160228

JOSEPH MICHAEL PREVITE
NINO'S PIZZERIA INC
NINO'S PIZZERIA
4445 W TARO DR
GLENDALE AZ 85308

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070557 Renew? _____ Yes _____ No
Status: Active Status Date: 7/1/1991
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOSEPH MICHAEL PREVITE _____
Location: NINO'S PIZZERIA _____
5800 W PEORIA AVE #108D _____
GLENDALE, AZ 85302 _____
Business Phone: (602)878-7777 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160229

CARMEN JAMES PUGLIANO
WRIGHT LISA ET AL
PUGZIE'S DELI
C/O MIKE TRUEMAN, P.B. BELL COMPANIES
8434 N 90TH ST. #100
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070558 Renew? _____ Yes _____ No
Status: Inactive Status Date: 12/11/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CARMEN JAMES PUGLIANO _____
Location: PUGZIE'S DELI _____
4700 N 16TH ST _____
PHOENIX, AZ 85016 _____
Business Phone: (602)279-3577 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160230

RICHARD ANTHONY ABRIL
LIRBA RESTAURANT CO LLC
LA CANASTA BURRITO SHOPPE
723 S 7TH AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070594 Renew? _____ Yes _____ No
Status: Active Status Date: 3/9/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RICHARD ANTHONY ABRIL _____
Location: LA CANASTA BURRITO SHOPPE _____
3202 S 40TH ST _____
PHOENIX, AZ 85040 _____
Business Phone: (602)437-3822 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160231

ANTHONY MICHAEL PIRCHER
TRIPPLETT PROPERTIES LLC
COMFORT SUITES
9824 W CAMELBACK RD
GLENDALE AZ 85305

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070677 Renew? _____ Yes _____ No
Status: Active Status Date: 3/17/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANTHONY MICHAEL PIRCHER _____
Location: COMFORT SUITES _____
9824 W CAMELBACK RD _____
GLENDALE, AZ 85305 _____
Business Phone: (623)271-9005 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160232

NIELS CHARLES ROBERTS
PUEBLO EL MIRAGE
11201 N EL MIRAGE RD
EL MIRAGE AZ 85335

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070376 Renew? _____ Yes _____ No
Status: Active Status Date: 3/11/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: PUEBLO EL MIRAGE _____
11201 N EL MIRAGE RD _____
EL MIRAGE, AZ 85335 _____
Business Phone: (602)583-2121 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160233

DAVID PETER SARDELLA
ULTIMATE CORPORATION INC
SARDELLA'S PIZZA & WINGS
4212 W CACTUS AVE
PHOENIX AZ 85029

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070785 Renew? _____ Yes _____ No
Status: Active Status Date: 7/20/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID PETER SARDELLA _____
Location: SARDELLA'S PIZZA & WINGS _____
4212 W CACTUS RD #1102 & 1103 _____
PHOENIX, AZ 85029 _____
Business Phone: (602)439-4000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160234

ANDREA DAHLMAN LEWKOWITZ
CHOP SHOP CHANDLER LLC
ORIGINAL CHOP SHOP CO
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070623 Renew? _____ Yes _____ No
Status: Active Status Date: 5/21/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: ORIGINAL CHOP SHOP CO _____
35 W BOSTON ST #1 _____
CHANDLER, AZ 85225 _____
Business Phone: (480)792-6927 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160235

ALFRED GEORGE YOUNAN
GUS'S PIZZA LLC
GUS'S NEW YORK PIZZA
933 E UNIVERSITY DR #118
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070147 Renew? _____ Yes _____ No
Status: Active Status Date: 10/23/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ALFRED GEORGE YOUNAN _____
Location: GUS'S NEW YORK PIZZA _____
829 S RURAL RD _____
TEMPE, AZ 85281 _____
Business Phone: (480)829-3995 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160236

CAROLYN V SULLIVAN
ARCADIA FARMS LTD
ARCADIA FARMS
7014 E 1ST AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070285 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CAROLYN V SULLIVAN _____
Location: ARCADIA FARMS _____
7014 E 1ST AVE _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (602)941-5665 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160237

JEFFREY ADAM SMITH
JGSS LLC
CROOKED PUTTER RESTAURANT
14260 W MEEKER BLVD
SUN CITY WEST AZ 85375

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070771 Renew? _____ Yes _____ No
Status: Active Status Date: 9/11/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JEFFREY ADAM SMITH _____
Location: CROOKED PUTTER RESTAURANT _____
14260 W MEEKER BLVD _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)544-6090 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160238

SHAWN HUY NGUYEN
CREATIVE SERVICES SOLUTIONS LLC
KLASSY NAILS & SPA
868 W JUNIPER AVE
GILBERT AZ 85233

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07073602 Renew? _____ Yes _____ No
Status: Active Status Date: 10/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHAWN HUY NGUYEN _____
Location: KLASSY NAILS & SPA _____
3701 E BASELINE RD #F-107 _____
GILBERT, AZ 85234 _____
Business Phone: (480)545-2698 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160239

RANDY D NATIONS
PC COFFEE BAR LLC
PROVISION COFFEE BAR
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070068 Renew? _____ Yes _____ No
Status: Active Status Date: 6/25/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: PROVISION COFFEE BAR _____
2100 S GILBERT RD #22 _____
CHANDLER, AZ 85286 _____
Business Phone: (480)788-1864 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160240

RANDY D NATIONS
MAKE MEANING SQ LLC
MAKE MEANING
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070099 Renew? _____ Yes _____ No
Status: Active Status Date: 12/7/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: MAKE MEANING _____
15257 N SCOTTSDALE RD BLDG F-160 _____
SCOTTSDALE, AZ 85254 _____
Business Phone: (480)845-0000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160241

PAUL MICHAEL MICHALOVIC
HOUSE OF CIGARS LLC
HOUSE OF CIGARS
833 N COOPER RD STE 106
GILBERT AZ 85233

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070526 Renew? _____ Yes _____ No
Status: Active Status Date: 5/17/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PAUL MICHAEL MICHALOVIC _____
Location: HOUSE OF CIGARS _____
833 N COOPER RD #106 _____
GILBERT, AZ 85233 _____
Business Phone: (480)813-2628 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160242

MIN HUO LI
LI'S FAMILY CORP
PONG PONG CHINESE RESTAURANT
3332 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070779 Renew? _____ Yes _____ No
Status: Active Status Date: 3/17/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MIN HUO LI _____
Location: PONG PONG CHINESE RESTAURANT _____
3332 W BELL RD _____
PHOENIX, AZ 85053 _____
Business Phone: (602)863-1126 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160243

WYATT MATTHEW BAILEY
BEADLE'S FEDERAL LLC
FEDERAL PIZZA
5210 N CENTRAL AVE # 101
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070633 Renew? _____ Yes _____ No
Status: Active Status Date: 6/26/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: WYATT MATTHEW BAILEY _____
Location: FEDERAL PIZZA _____
5210 N CENTRAL AVE # 101 _____
PHOENIX, AZ 85012 _____
Business Phone: (602)795-2520 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160244

RANDY D NATIONS
APACHE WELLS COUNTRY CLUB INC
APACHE WELLS COUNTRY CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070309 Renew? _____ Yes _____ No
Status: Active Status Date: 7/27/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: APACHE WELLS COUNTRY CLUB _____
5601 E HERMOSA VISTA DR _____
MESA, AZ 85205 _____
Business Phone: (480)985-4102 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160245

RAYMOND HAW KLEMP
AZ WINE COMPANY PARADISE VALLEY WINE OUTLET LLC
AZ SPIRITS
2515 N SCOTTSDALE RD #15
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070150 Renew? _____ Yes _____ No
Status: Inactive Status Date: 10/15/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RAYMOND HAW KLEMP _____
Location: AZ SPIRITS _____
100 EASY ST STE 3 _____
CAREFREE, AZ 85377 _____
Business Phone: (480)488-6203 _____

Renewal Fees:
License Renewal: 75.00
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# 07070160 Renew? _____ Yes _____ No
Status: Active Status Date: 11/17/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RAYMOND HAW KLEMP _____
Location: AZ WINE CO _____
2515 N SCOTTSDALE RD #15 _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)423-9305 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160246

JAMES MARK BICKOFF
FOR & E FUND INC
PARK CENTRAL DELI
3110 N CENTRAL AVE #175
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070276 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAMES MARK BICKOFF _____
Location: PARK CENTRAL DELI _____
3110 N CENTRAL AVE #175 _____
PHOENIX, AZ 85012 _____
Business Phone: (602)277-4783 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160247

BETHANY SHEA TUVENE
BRONZMOPOLITAN LLC
BRONZMOPOLITAN
14000 N 94TH ST #1160
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07077004 Renew? _____ Yes _____ No
Status: Active Status Date: 12/4/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BETHANY SHEA TUVENE _____
Location: BRONZMOPOLITAN _____
15811 N FRANK LLOYD WRIGHT #125 _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)570-2374 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160248

ROBERT DARCY BERKNER
NORTH MOUNTAIN BREWING COMPANY LLC
NORTH MOUNTAIN BREWING
522 E DUNLAP AVE
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070519 Renew? _____ Yes _____ No
Status: Active Status Date: 12/27/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBERT DARCY BERKNER _____
Location: NORTH MOUNTAIN BREWING _____
522 E DUNLAP AVE _____
PHOENIX, AZ 85020 _____
Business Phone: (602)861-5999 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160249

MARIO VINCITORIO
VINCITORIO INC
VINCITORIOS RESTAURANT
1835 E ELLIOT RD C109
TEMPE AZ 85284

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070652 Renew? _____ Yes _____ No
Status: Active Status Date: 3/5/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MARIO VINCITORIO _____
Location: VINCITORIOS RESTAURANT _____
1835 E ELLIOTT RD C-109 _____
TEMPE, AZ 85284 _____
Business Phone: (480)820-2786 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160250

BRET RICHARD FRIMMEL
PISHKA INC
UNCLE SAM'S
3217 E SHEA
PHOENIX AZ 85028

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070233 Renew? _____ Yes _____ No
Status: Active Status Date: 1/1/1986
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRET RICHARD FRIMMEL _____
Location: UNCLE SAM'S _____
3217 E SHEA BLVD _____
PHOENIX, AZ 85028 _____
Business Phone: (602)996-3511 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160251

EVAN JOSH MUSIKANTOW
MUSIKANTOW & ASSOCIATES LLC
MESQUITE RIVER BEER COMPANY
10869 N SCOTTSDALE RD #103
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070412 Renew? _____ Yes _____ No
Status: Inactive Status Date: 2/16/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: EVAN JOSH MUSIKANTOW _____
Location: MESQUITE RIVER BEER COMPANY _____
13610 N SCOTTSDALE RD #18 _____
PHOENIX, AZ 85254 _____
Business Phone: (602)692-1920 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160252

MARISOL HERNANDEZ
WESTERNER BAR
P O BOX 636
AGUILA AZ 85320

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070604 Renew? _____ Yes _____ No
Status: Active Status Date: 6/3/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: WESTERNER BAR _____
HWY 60 _____
AGUILA, AZ 85320 _____
Business Phone: (928)685-2587 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160253

PHILIP JESSE GREEN, SR.
OB SPORTS GOLF MANAGEMENT (VV) LLC
VISTA GOLF DEVELOPMENT
7025 E GREENWAY PKWY STE 550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070183 Renew? _____ Yes _____ No
Status: Inactive Status Date: 9/1/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PHILIP JESSE GREEN, SR. _____
Location: VISTA GOLF DEVELOPMENT _____
28715 N VISTA VERDE DR _____
RIO VERDE, AZ 85263 _____
Business Phone: (480)471-7247 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160254

EDUARDO CARREON RASCON
LALO'S LOS ARCOS
710 E MOHAVE ST
PHOENIX AZ 85034

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070449 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: LALO'S LOS ARCOS _____
710 E MOHAVE ST _____
PHOENIX, AZ 85034 _____
Business Phone: (602)253-1376 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160255

CHIZURU ISHIDA
TOKYO TAKE TWO INC
CHERRY BLOSSOM NOODLE & CAFE
13307 E DEL TIMBRE
SCOTTSDALE AZ 85259

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070159 Renew? _____ Yes _____ No
Status: Active Status Date: 3/4/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CHIZURU ISHIDA _____
Location: CHERRY BLOSSOM NOODLE & CAFE _____
914 E CAMELBACK RD SUITE 1 _____
PHOENIX, AZ 85014 _____
Business Phone: (602)248-9090 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160256

HYUNG GI KIM
LONG WONG'S
7124 E THOMAS RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070261 Renew? _____ Yes _____ No
Status: Active Status Date: 2/14/2001
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: LONG WONG'S _____
7124 E THOMAS RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)941-9805 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160257

NATHAN WARREN HOPPER
SIERRA BONITA RESTAURANT LLC
SIERRA BONITA GRILL
6933 N 7 ST
PHOENIX AZ 85014

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070681 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NATHAN WARREN HOPPER _____
Location: SIERRA BONITA GRILL _____
6933 N 7TH ST _____
PHOENIX, AZ 85014 _____
Business Phone: (602)264-0700 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160258

AMY S NATIONS
ORANGE HOLDINGS LLC
CORNER
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070697 Renew? _____ Yes _____ No
Status: Active Status Date: 8/3/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AMY S NATIONS _____
Location: CORNER _____
50 W JEFFERSON ST #100 _____
PHOENIX, AZ 85003 _____
Business Phone: (602)252-7600 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160259

FRANCISCO J ENRIQUEZ SALAZAR
VALLEY OF THE SUN INC
RIO CANTINA
315 S 515TH AVE #A
TONOPAH AZ 85354

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070333 Renew? _____ Yes _____ No
Status: Active Status Date: 12/9/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: FRANCISCO J ENRIQUEZ SALAZAR _____
Location: RIO CANTINA _____
315 S 515TH AVE # B _____
TONOPAH, AZ 85354-7349 _____
Business Phone: (928)372-4614 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160260

ROY ELEAZAR FERNANDEZ
READY GOLF INC
DESERT MIRAGE GOLF COURSE
8710 W MARYLAND AVE
GLENDALE AZ 85305

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070503 Renew? _____ Yes _____ No
Status: Active Status Date: 8/5/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROY ELEAZAR FERNANDEZ _____
Location: DESERT MIRAGE GOLF COURSE _____
8710 W MARYLAND AVE _____
GLENDALE, AZ 85305 _____
Business Phone: (623)772-0110 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160261

CAROL THERESA OATES
CJ'S INVESTMENTS LLC
ROCHESTER'S FAMILY DINING AND SPORTSBAR
4137 E TRIGGER WAY
GILBERT AZ 85297

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070797 Renew? _____ Yes _____ No
Status: Active Status Date: 3/19/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CAROL THERESA OATES _____
Location: ROCHESTER'S FAMILY DINING AND SPORTSBAR _____
721 S ROCHESTER _____
MESA, AZ 85206 _____
Business Phone: (480)218-2212 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160262

THOMAS WARREN HARRISON, JR.
ARIZONA GOLF VENTURES LLC
GLEN LAKES GOLF COURSE
15655 W ROOSEVELT ST SUITE 222
GOODYEAR AZ 85338

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070431 Renew? _____ Yes _____ No
Status: Active Status Date: 8/7/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THOMAS WARREN HARRISON, JR. _____
Location: GLEN LAKES GOLF COURSE _____
5450 W NORTHERN AVE _____
GLENDALE, AZ 85301 _____
Business Phone: (623)930-1111 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160263

ANDREA DAHLMAN LEWKOWITZ
2310 E HIGHLAND AVE LLC
HAMPTON INN
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070648 Renew? _____ Yes _____ No
Status: Active Status Date: 6/21/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: HAMPTON INN _____
2310 E HIGHLAND AVE _____
PHOENIX, AZ 85016 _____
Business Phone: (602)956-5221 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160264

GAVIN RICHARD GALLIFANT
GALLIFANT CELLARS LLC
WINERY 101
9299 W OLIVE AVE STE 101
PEORIA AZ 85345

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073018 Renew? _____ Yes _____ No
 Status: Active Status Date: 7/10/2014
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: GAVIN RICHARD GALLIFANT _____
 Location: WINERY 101 _____
 9299 W OLIVE AVE STE 101 _____
 PEORIA, AZ 85345 _____
 Business Phone: (520)477-9463 _____

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

RB160265

TERESA MARIE OUTZEN
GLENDALE'S OLDE TOWNE WINE BAR LLC
OLDE TOWNE GLENDALE WINE & BEER BAR
5745 W GLENDALE AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070748 Renew? _____ Yes _____ No
Status: Active Status Date: 9/17/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TERESA MARIE OUTZEN _____
Location: OLDE TOWNE GLENDALE WINE & BEER BAR _____
5745 W GLENDALE AVE _____
GLENDALE, AZ 85301 _____
Business Phone: (623)937-9364 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160266

ANDREA DAHLMAN LEWKOWITZ
LUXURY AND VOLUPTUOUSNESS LLC
BUBBLES
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070387 Renew? _____ Yes _____ No
Status: Active Status Date: 1/11/2016
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: BUBBLES _____
6990 E SHEA BLVD #107 _____
SCOTTSDALE, AZ 85254 _____
Business Phone: (480)282-2537 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160267

JASON RYAN SILBERSCHLAG
CARTEL 5TH AVE LLC
CARTEL COFFEE LAB
P O BOX 1415
TEMPE AZ 85280

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070202 Renew? _____ Yes _____ No
 Status: Active Status Date: 11/29/2011
 License Inactive? _____ Yes _____ No Changes: (may require additional Filing)
 Agent: JASON RYAN SILBERSCHLAG _____
 Location: CARTEL COFFEE LAB _____
 7124 E 5TH AVE _____
 SCOTTSDALE, AZ 85251 _____
 Business Phone: (480)432-8237 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____

Name	Street	City	County	Zip
------	--------	------	--------	-----

2) _____

Name	Street	City	County	Zip
------	--------	------	--------	-----

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160268

RYAN NEAL THOMPSON
TMT ENTERPRISES LLC
TRILOGY GOLF CLUB
4415 E VILLAGE PKWY
GILBERT AZ 85297

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070671 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RYAN NEAL THOMPSON _____
Location: TRILOGY GOLF CLUB _____
4415 E VILLAGE PKWY _____
GILBERT, AZ 85297 _____
Business Phone: (480)988-0004 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160269

KEN YUK KEUNG TSE
WONG'S CHINESE FOOD INCORPORATED
WONG'S CHINESE RESTAURANT
1139 E BUCKEYE RD
PHOENIX AZ 85034

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070765 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/1998
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KEN YUK KEUNG TSE _____
Location: WONG'S CHINESE RESTAURANT _____
1139 E BUCKEYE RD _____
PHOENIX, AZ 85034 _____
Business Phone: (602)252-2791 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160270

SANDRA CRISTIANI
GRAZIE PIZZERIA & WINE BAR
6952 E MAIN ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070499 Renew? _____ Yes _____ No
Status: Active Status Date: 3/12/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: GRAZIE PIZZERIA & WINE BAR _____
6952 E MAIN ST _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)663-9797 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160271

ROBERT DONALD HARRIS
FOOTHILLS CAFE LLC
FOOTHILLS CAFE
4740 E WARNER RD
PHOENIX AZ 85044

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070496 Renew? _____ Yes _____ No
Status: Active Status Date: 3/6/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ROBERT DONALD HARRIS _____
Location: FOOTHILLS CAFE _____
4740 E WARNER RD _____
PHOENIX, AZ 85044 _____
Business Phone: (480)705-7768 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160272

MERITA KRAJA
EURO PIZZA CAFE' INC
EURO PIZZA CAFE
12645 N SAGUARO BLVD #11
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07074002 Renew? _____ Yes _____ No
Status: Active Status Date: 12/14/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MERITA KRAJA _____
Location: EURO PIZZA CAFE _____
12645 N SAGUARO BLVD #11 _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)836-0208 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160273

ERIC RAY PLANETA
CORONADO GOLF COURSE
P O BOX 8050
SCOTTSDALE AZ 85252

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070119 Renew? _____ Yes _____ No
Status: Active Status Date: 3/14/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: CORONADO GOLF COURSE _____
2829 N MILLER RD _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)947-8364 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160274

RICHARD MARK KRAVAN
LEGENDS SPORTS LLC
TEMPE DIABLO STADIUM
400 BROADACRES DR STE 260
BLOOMFIELD NJ 07003

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070453 Renew? _____ Yes _____ No
Status: Active Status Date: 5/15/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RICHARD MARK KRAVAN _____
Location: TEMPE DIABLO STADIUM _____
2200 W ALAMEDA DR _____
TEMPE, AZ 85282 _____
Business Phone: (602)431-6977 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160275

OBED DE LA CRUZ
MEJICO LLC
MEJICO MEXICAN GRILLE
1044 S JESSE PL
CHANDLER AZ 85286

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070357 Renew? _____ Yes _____ No
Status: Active Status Date: 7/1/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: OBED DE LA CRUZ _____
Location: MEJICO MEXICAN GRILLE _____
2333 E OSBORN RD _____
PHOENIX, AZ 85016 _____
Business Phone: (602)956-4420 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160276

FRANCIS JAMES ZANZUCCHI
2438 LLC
T & A CABARET III
1807 E CAMPBELL AVE
PHOENIX AZ 85016

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070780 Renew? _____ Yes _____ No
Status: Pending Status Date: 8/27/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: FRANCIS JAMES ZANZUCCHI _____
Location: T & A CABARET III _____
2438 E MCDOWELL RD _____
PHOENIX, AZ 85008 _____
Business Phone: (602)561-6565 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160277

RICHARD KYLE SHIVERS
SIZZLE SCOTTSDALE LLC
STAX BURGER BISTRO
4400 N SCOTTSDALE RD #12
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07074006 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RICHARD KYLE SHIVERS _____
Location: STAX BURGER BISTRO _____
4400 N SCOTTSDALE RD #12 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)222-2582 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160278

CODY SHADOE BROWN
AXIOM BREWING COMPANY LLC
AXIOM BREWING COMPANY
6503 W FRYE RD #12
CHANDLER AZ 85226

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073017 Renew? _____ Yes _____ No
 Status: Active Status Date: 5/12/2014
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: CODY SHADOE BROWN _____
 Location: AXIOM BREWING COMPANY _____
 6503 W FRYE RD #12 _____
 CHANDLER, AZ 85226 _____
 Business Phone: (480)406-4793 _____

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

RB160279

BRADLEY TODD BISHOP
ERB ENTERPRISES INC
ORGAN STOP PIZZA
1149 E SOUTHERN AVE
MESA AZ 85204

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070180 Renew? _____ Yes _____ No
Status: Active Status Date: 6/30/1995
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRADLEY TODD BISHOP _____
Location: ORGAN STOP PIZZA _____
1149 E SOUTHERN AVE _____
MESA, AZ 85204 _____
Business Phone: (480)813-5700 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160280

AGIM KOSOVRASTI
RAY'S PIZZA INC
RAY'S PIZZA
15603 N 59TH AVE
GLENDALE AZ 85306

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070396 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2001
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: AGIM KOSOVRASTI _____
Location: RAY'S PIZZA _____
15603 N 59TH AVE _____
GLENDALE, AZ 85306 _____
Business Phone: (602)938-4065 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160281

DAVID PETER SARDELLA
SARDELLA'S LAKE PLEASANT PARKWAY INC
SARDELLA'S PIZZA AND WINGS
8278 W LAKE PLEASANT PKW #100
PEORIA AZ 85382

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070614 Renew? _____ Yes _____ No
Status: Active Status Date: 5/28/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID PETER SARDELLA _____
Location: SARDELLA'S PIZZA AND WINGS _____
8278 W LAKE PLEASANT PARKWAY SUITE 100 _____
PEORIA, AZ 85382 _____
Business Phone: (623)561-9200 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160282

GUILLERMO LUA
LAS PLAYITAS LLC
MARISCOS LAS PLAYITAS
P O BOX 1578
AVONDALE AZ 85323

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070074 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2002
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: GUILLERMO LUA _____
Location: MARISCOS LAS PLAYITAS _____
10957 W BUCKEYE RD _____
AVONDALE, AZ 85323 _____
Business Phone: (623)907-1301 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160283

RANDY D NATIONS
RAVEN'S VIEW LLC
RAVEN'S VIEW
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07076008 Renew? _____ Yes _____ No
Status: Active Status Date: 12/11/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: RAVEN'S VIEW _____
42016 N OLD MINE RD _____
CAVE CREEK, AZ 85331 _____
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 _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160284

ANDREA DAHLMAN LEWKOWITZ
MARICOPA COUNTY MUNICIPAL WATER CONSERVATION DISTRICT #1
PLEASANT HARBOR
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070423 Renew? _____ Yes _____ No
Status: Inactive Status Date: 6/25/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: PLEASANT HARBOR _____
8708 W HARBOR BLVD _____
PEORIA, AZ 85383 _____
Business Phone: (623)546-8266 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160285

LAUREN KAY MERRETT
PINNACLE & PIMA LLC
PINNACLE PEAK GENERAL STORE
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070513 Renew? _____ Yes _____ No
Status: Active Status Date: 6/12/2003
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: PINNACLE PEAK GENERAL STORE _____
8711 E PINNACLE PEAK _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)348-2223 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160286

BRETT RAY WALLACE
GRAND CANYON WINERY INC
GRAND CANYON WINE TASTING ROOM
7349 VIA PASEO DEL SUR #515
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073020 Renew? _____ Yes _____ No
Status: Active Status Date: 11/24/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: BRETT RAY WALLACE _____
Location: GRAND CANYON WINE TASTING ROOM _____
16842 E PARKVIEW AVE #2 _____
FOUNTAIN HILLS, AZ 85268 _____
Business Phone: (480)822-7686 _____

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

RB160287

DONNA LAVERNE ANDERSON
STADIUM VILLAGE ROYAL LLC
RESIDENCE INN BY MARRIOTT
16418 N BULLARD AVE
SURPRISE AZ 85374

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070174 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DONNA LAVERNE ANDERSON _____
Location: RESIDENCE INN BY MARRIOTT _____
16418 N BULLARD AVE _____
SURPRISE, AZ 85374 _____
Business Phone: (623)249-6333 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160288

SCOTT CHRISTOPHER ANDERSON
ANDERSON PROPERTY MANAGEMENT LLC
GREENFIELD LAKES GOLF COURSE
2484 E WARNER ROAD
GILBERT AZ 85296

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07071003 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SCOTT CHRISTOPHER ANDERSON _____
Location: GREENFIELD LAKES GOLF COURSE _____
2484 E WARNER RD _____
GILBERT, AZ 85296 _____
Business Phone: (480)503-0500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160289

RANDY D NATIONS
FIRST DRAFT LLC
FIRST DRAFT
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070692 Renew? _____ Yes _____ No
Status: Active Status Date: 4/15/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: FIRST DRAFT _____
300 W CAMELBACK RD #1 _____
PHOENIX, AZ 85013 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160290

H J LEWKOWITZ
BAB 1 LLC
EXOTICA
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070656 Renew? _____ Yes _____ No
Status: Pending Status Date: 12/31/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: EXOTICA _____
3790 GRAND AVE _____
PHOENIX, AZ 85019 _____
Business Phone: (602)769-2435 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160291

CYNTHIA ELENA WESTBERG
A SUN DOWN ENTERPRISE LLC
SUN UP BREWING
P O BOX 40355
PHOENIX AZ 85067

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070282 Renew? _____ Yes _____ No
Status: Active Status Date: 12/1/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CYNTHIA ELENA WESTBERG _____
Location: SUN UP BREWING _____
322 E CAMELBACK RD _____
PHOENIX, AZ 85012 _____
Business Phone: (602)279-8909 _____

Renewal Fees:
License Renewal: 75.00
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# 07070732 Renew? _____ Yes _____ No
Status: Inactive Status Date: 8/27/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CYNTHIA ELENA WESTBERG _____
Location: COPPER DOME BREWING COMPANY _____
1710 W BUCHANAN ST _____
PHOENIX, AZ 85007 _____
Business Phone: (602)670-8924 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160292

ANDREA DAHLMAN LEWKOWITZ
WINE WAREHOUSE LLC
WINE WAREHOUSE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070065 Renew? _____ Yes _____ No
Status: Inactive Status Date: 11/12/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WINE WAREHOUSE _____
17025 N SCOTTSDALE RD STE 140 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)284-8840 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160293

H J LEWKOWITZ
SUN LAKES HOMEOWNERS' ASSOCIATION #3 INC
IRONWOOD GOLF CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070198 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: IRONWOOD GOLF CLUB _____
550 W CHAMPAGNE DR _____
CHANDLER, AZ 85248 _____
Business Phone: (480)895-0614 _____

Renewal Fees:
License Renewal: 75.00
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# 07070708 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: OAKWOOD GOLF CLUB _____
24218 S OAKWOOD BLVD _____
SUN LAKES, AZ 85248 _____
Business Phone: (480)895-1159 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160294

H J LEWKOWITZ
RKT 50 LLC
DURANGO'S
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070090 Renew? _____ Yes _____ No
Status: Inactive Status Date: 12/30/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: DURANGO'S _____
1517 S BLACK CANYON HWY STE 2 _____
PHOENIX, AZ 85009 _____
Business Phone: (602)271-9011 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160295

SCOTT ANTHONY HEBENSTREIT
SCEH RESTAURANTS LLC
STREETS OF NEW YORK #2
7805 N 35TH AVE
PHOENIX AZ 85051

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070251 Renew? _____ Yes _____ No
Status: Active Status Date: 3/3/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SCOTT ANTHONY HEBENSTREIT _____
Location: STREETS OF NEW YORK #2 _____
7805 N 35TH AVE _____
PHOENIX, AZ 85051 _____
Business Phone: (602)973-5988 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160296

RANDY D NATIONS
SF MARKETS LLC (FN)
SPROUTS FARMERS MARKET #8
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070274 Renew? _____ Yes _____ No
Status: Inactive Status Date: 3/21/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPROUTS FARMERS MARKET #8 _____
2824 E INDIAN SCHOOL RD #126 _____
PHOENIX, AZ 85016 _____
Business Phone: (602)553-3131 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160297

KELLY JAMES AUBEY
TENEO LLC
FILMBAR
90 W VIRGINIA AVE
PHOENIX AZ 85003

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070138 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KELLY JAMES AUBEY _____
Location: FILMBAR _____
815 N 2ND ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)595-9187 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160298

KENNETH JAMES BARRO
KJB ENTERPRISES INC
BARRO'S PIZZA
1006 W ARMSTRONG WAY
CHANDLER AZ 85286

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070034 Renew? _____ Yes _____ No
Status: Active Status Date: 3/19/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: KENNETH JAMES BARRO _____
Location: BARRO'S PIZZA _____
2711 S ALMA SCHOOL RD #4 _____
MESA, AZ 85210 _____
Business Phone: (480)897-1875 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160299

JOHN EDWARD BAXLA
SOUTHWEST PIZZA INC
PETER PIPER PIZZA
5925 E BROADWAY BLVD # 125
TUCSON AZ 85711

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070035 Renew? _____ Yes _____ No
Status: Active Status Date: 1/1/1986
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN EDWARD BAXLA _____
Location: PETER PIPER PIZZA _____
6040 S CENTRAL AVE _____
PHOENIX, AZ 85042 _____
Business Phone: (602)243-7183 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160300

SHELBY LEE FUTCH
JACOBS GOLF PROPERTIES INC
PAINTED MOUNTAIN GOLF CLUB
6210 E MCKELLIPS
MESA AZ 85215

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070348 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2000
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHELBY LEE FUTCH _____
Location: PAINTED MOUNTAIN GOLF CLUB _____
6210 E MCKELLIPS RD _____
MESA, AZ 85215 _____
Business Phone: (480)832-0156 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160301

MATTHEW MARSHALL ROBBINS
TRIFORCE ENTERTAINMENT LLC
GRID: GAMES & GROWLERS
489 W CARMEN ST
TEMPE AZ 85283

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070763 Renew? _____ Yes _____ No
Status: Active Status Date: 9/30/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MATTHEW MARSHALL ROBBINS _____
Location: GRID: GAMES & GROWLERS _____
525 S GILBERT RD STE A7-9 _____
MESA, AZ 85204 _____
Business Phone: (480)621-8088 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160302

ANDREA DAHLMAN LEWKOWITZ
AJHS BEVERAGE LLC
ARIZONA JEWISH HISTORICAL SOCIETY
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070571 Renew? _____ Yes _____ No
Status: Active Status Date: 2/26/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: ARIZONA JEWISH HISTORICAL SOCIETY _____
122 E CULVER ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)241-7870 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160303

PAMELA ANN WHITE
FAB MANAGEMENT CORP
MESA MARKETPLACE SWAP MEET
PO BOX 50369
MESA AZ 85209

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070223 Renew? _____ Yes _____ No
Status: Active Status Date: 3/11/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PAMELA ANN WHITE _____
Location: MESA MARKETPLACE SWAP MEET _____
10550 E BASELINE RD _____
MESA, AZ 85209 _____
Business Phone: (480)380-5572 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160304

JARED MICHAEL REPINSKI
VINTAGE 95 LLC
VINTAGE 95
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070573 Renew? _____ Yes _____ No
Status: Active Status Date: 10/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JARED MICHAEL REPINSKI _____
Location: VINTAGE 95 _____
95 W BOSTON ST _____
CHANDLER, AZ 85225 _____
Business Phone: (480)855-9463 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160305

SHAILESH HASMUKHLAL KUBER
1550 TEMPE LLC
QUALITY INN TEMPE
1550 S 52ND ST
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070791 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHAILESH HASMUKHLAL KUBER _____
Location: QUALITY INN TEMPE _____
1550 S 52ND ST _____
TEMPE, AZ 85281 _____
Business Phone: (480)968-4500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160306

ANDREA DAHLMAN LEWKOWITZ
GILA RIVER INDIAN COMMUNITY/SUN VALLEY MARINA DEVELOPEMENT
WILD HORSE PASS MOTORSPORTS PARK
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070368 Renew? _____ Yes _____ No
Status: Active Status Date: 4/17/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WILD HORSE PASS MOTORSPORTS PARK _____
20000 S MARICOPA RD _____
CHANDLER, AZ 85226 _____
Business Phone: (520)796-5601 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160307

RANDY D NATIONS
HUSS BREWING COMPANY LLC
HUSS BREWING COMPANY
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070616 Renew? _____ Yes _____ No
Status: Active Status Date: 4/10/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: HUSS BREWING COMPANY _____
1520 W MINERAL RD #102 _____
TEMPE, AZ 85283 _____
Business Phone: (480)264-7611 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160308

RANDY D NATIONS
GLENDALE RI HOTEL PARTNERS
SPRINGHILL SUITES
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070081 Renew? _____ Yes _____ No
Status: Active Status Date: 5/22/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: SPRINGHILL SUITES _____
7370 N ZANJERO BLVD _____
GLENDALE, AZ 85305 _____
Business Phone: (623)772-9200 _____

Renewal Fees:
License Renewal: 75.00
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# 07070715 Renew? _____ Yes _____ No
Status: Active Status Date: 11/8/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: RESIDENCE INN _____
7350 N ZANJERO BLVD _____
GLENDALE, AZ 85305 _____
Business Phone: (623)772-8900 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160309

PASCAL RAYMOND DIONOT
CLASSIC COOKING ACADEMY CORP
CLASSIC COOKING
10411 E MCDOWELL MTN RANCH RD #110 & 120
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070437 Renew? _____ Yes _____ No
Status: Pending Status Date: 10/27/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PASCAL RAYMOND DIONOT _____
Location: CLASSIC COOKING _____
10411 E MCDOWELL MTN RANCH RD #110 & 120 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (480)502-0177 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160310

ADRIANA ANGELA TORRES PATTERSON
RIO'S BAR
17404 W JACKSON ST
GOODYEAR AZ 85338

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070139 Renew? _____ Yes _____ No
Status: Inactive Status Date: 3/18/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: RIO'S BAR _____
11011 W BUCKEYE RD _____
AVONDALE, AZ 85329 _____
Business Phone: (623)643-9477 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160311

JOSEPH ROBERT BOHINC
SODEXO AMERICA LLC
WELLS FARGO ARENA
9801 WASHINGTONIAN BLVD
GAITHERSBURG MD 20878

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070097 Renew? _____ Yes _____ No
Status: Active Status Date: 7/9/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOSEPH ROBERT BOHINC _____
Location: WELLS FARGO ARENA _____
600 E VETERANS WAY _____
TEMPE, AZ 85281 _____
Business Phone: (480)965-6820 _____

Renewal Fees:
License Renewal: 75.00
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# 07070154 Renew? _____ Yes _____ No
Status: Active Status Date: 1/18/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TIMOTHY DEMETRIUS KAVALEC, III _____
Location: GRAND CANYON ARENA _____
3300 W CAMELBACK RD _____
PHOENIX, AZ 85017 _____
Business Phone: (602)639-6927 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160312

RANDY D NATIONS
WATERFRONT MARKET LLC
OLIVE & IVY
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070214 Renew? _____ Yes _____ No
Status: Active Status Date: 9/5/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: OLIVE & IVY _____
7135 E CAMELBACK RD #195 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)751-2200 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160313

ANDREA DAHLMAN LEWKOWITZ
JAZZ IN ARIZONA INC
NASH
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070245 Renew? _____ Yes _____ No
Status: Active Status Date: 12/9/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: NASH _____
110 E ROOSEVELT ST #A&B _____
PHOENIX, AZ 85004 _____
Business Phone: (602)795-0464 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160314

SHKELZEN KAPIDANI
JOE'S NEW YORK LLC
JOE'S NEW YORK PIZZA
7321 E SHOEMAN LN
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07075000 Renew? _____ Yes _____ No
Status: Active Status Date: 10/21/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHKELZEN KAPIDANI _____
Location: JOE'S NEW YORK PIZZA _____
7321 E SHOEMAN LN _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)947-5637 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160315

PAULINE S MALKIN
PIG'S MEOW BEER & WINE BAR
3730 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070568 Renew? _____ Yes _____ No
Status: Active Status Date: 10/2/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: PIG'S MEOW BEER & WINE BAR _____
3730 E INDIAN SCHOOL RD _____
PHOENIX, AZ 85018 _____
Business Phone: (602)696-0193 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160316

CORY RUSSELL WHALIN
SU VINO WINERY SCOTTSDALE INC
SU VINO WINERY
7035 E MAIN ST STE 110
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073002 Renew? _____ Yes _____ No
Status: Active Status Date: 3/15/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: CORY RUSSELL WHALIN _____
Location: SU VINO WINERY _____
7035 E MAIN ST STE 110 _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)994-8466 _____

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

RB160317

JEFFREY EDWARD OSTLUND
TONTO VERDE GOLF CLUB INC
TONTO VERDE GOLF CLUB
18402 EL CIRCULO DR
RIO VERDE AZ 85263

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070110 Renew? _____ Yes _____ No
Status: Active Status Date: 12/5/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JEFFREY EDWARD OSTLUND _____
Location: TONTO VERDE GOLF CLUB _____
18402 EL CIRCULO DR _____
RIO VERDE, AZ 85263 _____
Business Phone: (480)471-2710 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160318

RACHAEL KELLEY DZIEKAN
NEIMAN MARCUS GROUP LLC
NM SALES FLOOR
C/O BRENDA SANDERS
1618 MAIN ST
DALLAS TX 75201

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070211 Renew? _____ Yes _____ No
Status: Active Status Date: 5/4/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RACHAEL KELLEY DZIEKAN _____
Location: NM SALES FLOOR _____
6900 E CAMELBACK RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)425-1454 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160319

ANTONIO SANDOVAL
EL ATORON CANTINA
2014 W RANCHO DRVIE
PHOENIX AZ 85015

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070300 Renew? _____ Yes _____ No
Status: Active Status Date: 11/7/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: EL ATORON CANTINA _____
4828 N 35TH AVE _____
PHOENIX, AZ 85017 _____
Business Phone: (602)246-0057 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160320

ANDREA DAHLMAN LEWKOWITZ
ALLRED CAPITAL LLLP
RANCHO MANANA GOLF CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070716 Renew? _____ Yes _____ No
Status: Active Status Date: 12/2/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: RANCHO MANANA GOLF CLUB _____
5734 E RANCHO MANANA BLVD _____
CAVE CREEK, AZ 85331 _____
Business Phone: (480)488-0698 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160321

RANDY D NATIONS
ARIZONA PARK HOLDINGS LLC
WET N WILD PHOENIX
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070848 Renew? _____ Yes _____ No
Status: Active Status Date: 6/24/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: WET N WILD PHOENIX _____
4243 W PINNACLE PEAK RD _____
GLENDALE, AZ 85310 _____
Business Phone: (623)201-2000 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160322

YAO FANG LU
LU'S CHINESE INC
GOLDEN VALLEY
832 W BASELINE RD 113
MESA AZ 85210

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070517 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/1999
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: YAO FANG LU _____
Location: GOLDEN VALLEY _____
832 W BASELINE RD 113 _____
MESA, AZ 85210 _____
Business Phone: (480)752-9175 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160323

WILLIAM FRANCIS MCDERMOTT
PREMIER WINERIES INC
DECANTUR WINERY
18245 N PIMA RD APT 2055
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073021 Renew? _____ Yes _____ No
Status: Active Status Date: 10/23/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: WILLIAM FRANCIS MCDERMOTT _____
Location: DECANTUR WINERY _____
18221 N PIMA RD STE 100 & 105 _____
SCOTTSDALE, AZ 85255 _____
Business Phone: (714)234-7263 _____

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

RB160324

GLORIANNA VICTORIA RAMIREZ
LA BAMBA
7445 W ESTRELLA DR
LAVEEN AZ 85339

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070733 Renew? _____ Yes _____ No
Status: Active Status Date: 4/9/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: LA BAMBA _____
1248 E BROADWAY _____
PHOENIX, AZ 85040 _____
Business Phone: (602)384-1285 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160325

RANDY D NATIONS
TRLLH LLC
TRES RIOS GOLF COURSE AT ESTRELLA MOUNTAIN
C/O ADDISON LAW FIRM
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070250 Renew? _____ Yes _____ No
Status: Active Status Date: 9/28/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: TRES RIOS GOLF COURSE AT ESTRELLA MOUNTAIN _____
15205 W VINEYARD AVE _____
GOODYEAR, AZ 85338 _____
Business Phone: (623)932-3714 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160326

ANDREA DAHLMAN LEWKOWITZ
JULIA BAKER CONFECTIONS INC
JULIA BAKER CONFECTIONS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070332 Renew? _____ Yes _____ No
Status: Active Status Date: 12/7/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: JULIA BAKER CONFECTIONS _____
2502 E CAMELBACK RD #130 _____
PHOENIX, AZ 85016 _____
Business Phone: (602)845-4440 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160327

FRANCO GIANNI CALABRESE
ELDORADO INVESTMENTS LLP
ELDORADO SCOTTSDALE
7742 E MINNEZONA AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070420 Renew? _____ Yes _____ No
Status: Active Status Date: 5/4/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: FRANCO GIANNI CALABRESE _____
Location: ELDORADO SCOTTSDALE _____
6825 E 4TH STREET _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)946-3021 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160328

ELIZABETH MUNIZ GARCIA
SEVEN5WEST LLC
GRANDPA'S PIZZA
2290 NORTH 157TH DRIVE
GOODYEAR AZ 85395

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070308 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ELIZABETH MUNIZ GARCIA _____
Location: GRANDPA'S PIZZA _____
7333 W THOMAS #64 _____
PHOENIX, AZ 85033 _____
Business Phone: (623)849-8957 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160329

RUBEN J CONDE
CONDE'S GAS & FOOD MART
64409 S 539TH AVE
SENTINEL AZ 85333

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070121 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2004
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: CONDE'S GAS & FOOD MART _____
I-8 EXIT 87 _____
SENTINEL, AZ 85333 _____
Business Phone: (928)454-2712 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160330

MIKE A PULLANO
PULLANO'S PIZZA INC
PULLANO'S PIZZA & WINGS
5319 W AIRE LIBRE
GLENDALE AZ 85306

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070101 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MIKE A PULLANO _____
Location: PULLANO'S PIZZA & WINGS _____
13848 N 51ST AVE _____
GLENDALE, AZ 85306 _____
Business Phone: (602)978-1234 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160331

JEFFREY HOWARD ROFF
WFM-WO INC
WHOLE FOODS MARKET
550 E BOWIE ST
ATTN: LEGAL TEAM
AUSTIN TX 78703

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070545 Renew? _____ Yes _____ No
Status: Inactive Status Date: 8/20/2013
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOODS MARKET _____
8688 E RAINTREE DR _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)368-1279 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160332

JAMES MATTHEW SCUSSEL
HOP KNOT BREWING LLC
FOUR PEAKS BREWERY
1340 E 8TH ST STE 104
TEMPE AZ 85281

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070374 Renew? _____ Yes _____ No
Status: Active Status Date: 6/14/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAMES MATTHEW SCUSSEL _____
Location: FOUR PEAKS BREWERY _____
2401 S WILSON ST _____
TEMPE, AZ 85282 _____
Business Phone: (480)634-2977 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160333

JAN SEVELA
SUNDIAL GARDEN CAFE
PO BOX 3151
CAREFREE AZ 85377

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070675 Renew? _____ Yes _____ No
Status: Active Status Date: 3/8/2010
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: SUNDIAL GARDEN CAFE _____
4 SUNDIAL PLAZA _____
CAREFREE, AZ 85377 _____
Business Phone: (602)488-9825 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160334

SUSAN LEA BARRETT
PHOENIX SPORTSERVICE LLC
PHOENIX PARK N SWAP
40 FOUNTAIN PLAZA
BUFFALO NY 14202

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070231 Renew? _____ Yes _____ No
Status: Active Status Date: 4/3/2008
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SUSAN LEA BARRETT _____
Location: PHOENIX PARK N SWAP _____
3801 E WASHINGTON ST _____
PHOENIX, AZ 85034 _____
Business Phone: (602)273-1250 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160335

TRAVIS ALLEN BROWN
SYUFY PROPERTIES INC
GLENDALE PUBLIC MARKET
5650 N 55TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070360 Renew? _____ Yes _____ No
Status: Active Status Date: 11/16/2012
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: TRAVIS ALLEN BROWN _____
Location: GLENDALE PUBLIC MARKET _____
5650 N 55TH AVE _____
GLENDALE, AZ 85301 _____
Business Phone: (623)939-9715 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160336

JAMES P WHARTON
KAITLYN COMPANY LLC
JO JO'S PIZZA & FAMILY RESTAURANT
23425 N 39TH DR STE 110
GLENDALE AZ 85310

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070816 Renew? _____ Yes _____ No
Status: Active Status Date: 3/1/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JAMES P WHARTON _____
Location: JO JO'S PIZZA & FAMILY RESTAURANT _____
23425 N 39TH DR STE 110 _____
GLENDALE, AZ 85310 _____
Business Phone: (623)516-7770 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160337

THOMAS GARRETT HAMILTON
WEST GARRETT INC
PHOENIX WINE
10634 N 71ST PL
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07073002 Renew? _____ Yes _____ No
Status: Active Status Date: 1/31/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THOMAS GARRETT HAMILTON _____
Location: PHOENIX WINE _____
10634 N 71ST PL _____
SCOTTSDALE, AZ 85254 _____
Business Phone: (480)948-9202 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160338

JOYCE EVELYN YARBROUGH WALLACE
DALTON CORPORATION
CHICAS CABARET
2802 N 35TH AVE
PHOENIX AZ 85009

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070127 Renew? _____ Yes _____ No
Status: Active Status Date: 2/28/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOYCE EVELYN YARBROUGH WALLACE _____
Location: CHICAS CABARET _____
2802 N 35TH AVE _____
PHOENIX, AZ 85009 _____
Business Phone: (602)278-0616 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160339

H J LEWKOWITZ
TRIVEST HOTELS LLC
HAMPTON INN & SUITES
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070478 Renew? _____ Yes _____ No
Status: Active Status Date: 2/27/2006
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: HAMPTON INN & SUITES _____
14783 W GRAND AVE _____
SURPRISE, AZ 85374 _____
Business Phone: (623)537-9122 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160340

GRACE SABINA RUBEL
GRASP BAKING CO
FORTE BAKERY CAFE
7032 E MAIN ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070667 Renew? _____ Yes _____ No
 Status: Active Status Date: 8/9/1996
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: GRACE SABINA RUBEL _____
 Location: FORTE BAKERY CAFE _____
 7032 E MAIN ST _____
 SCOTTSDALE, AZ 85251 _____
 Business Phone: (602)994-1331 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160341

JOHN ROBERT FINN
VINUM 55 CHANDLER LLC
VINUM 55 CHANDLER
329 W GRANADA
PHOENIX AZ 85003

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070658 Renew? _____ Yes _____ No
Status: Inactive Status Date: 7/27/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN ROBERT FINN _____
Location: VINUM 55 CHANDLER _____
2577 W QUEEN CREEK RD STE 112 _____
CHANDLER, AZ 85286 _____
Business Phone: (480)477-3920 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160342

ANGELO CILIENTO, JR.
MONDELLO INC
BRUSH BAR
9241 E CANYON VIEW RD
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070683 Renew? _____ Yes _____ No
Status: Active Status Date: 3/14/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANGELO CILIENTO, JR. _____
Location: BRUSH BAR _____
4165 N CRAFTSMAN CT _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (602)826-7171 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160343

PETER LAWRENCE KARELLAS
WINE TIME YOUR WAY LLC
VINTNER'S CIRCLE
2765 N SCOTTSDALE RD #109
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13073016 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: PETER LAWRENCE KARELLAS _____
Location: VINTNER'S CIRCLE _____
2765 N SCOTTSDALE RD #109 _____
SCOTTSDALE, AZ 85257 _____
Business Phone: (480)696-7004 _____

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

RB160344

SOONTORN GONZALES
SIAM THAI CUISINE RESTAURANT
5008 W NORTHERN AVE #1-3
GLENDALE AZ 85301

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070108 Renew? _____ Yes _____ No
Status: Active Status Date: 6/25/2007
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: _____
Location: SIAM THAI CUISINE RESTAURANT _____
5008 W NORTHERN AVE #1-3 _____
GLENDALE, AZ 85301 _____
Business Phone: (623)931-2102 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160345

DAVID LOPEZ CARBAJAL
BLUE SKY BROADCASTING COMMUNICATION LLC
LA CAMELIA ANTRO BAR
1605 W BROADWAY RD
PHOENIX AZ 85041

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070842 Renew? _____ Yes _____ No
Status: Active Status Date: 7/8/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: DAVID LOPEZ CARBAJAL _____
Location: LA CAMELIA ANTRO BAR _____
1605 W BROADWAY RD _____
PHOENIX, AZ 85041 _____
Business Phone: (602)714-5404 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160346

RANDY EARL METTLER
DUCK & DECANTER LTD
DUCK & DECANTER
1651 E CAMELBACK RD
PHOENIX AZ 85016

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070477 Renew? _____ Yes _____ No
Status: Active Status Date: 3/11/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY EARL METTLER _____
Location: DUCK & DECANter _____
1 N CENTRAL AVE _____
PHOENIX, AZ 85004 _____
Business Phone: (602)266-6637 _____

Renewal Fees:
License Renewal: 75.00
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# 07070479 Renew? _____ Yes _____ No
Status: Active Status Date: 3/11/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY EARL METTLER _____
Location: DUCK & DECANter _____
1651 E CAMELBACK RD _____
PHOENIX, AZ 85016 _____
Business Phone: (602)274-5429 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160347

JOHN F BOYDSTON
GREAT AMERICAN HAMBURGER CO
CHUCKBOX
9491 E CALLE DE LAS BRISAS
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070055 Renew? _____ Yes _____ No
Status: Active Status Date: 1/1/1986
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOHN F BOYDSTON _____
Location: CHUCKBOX _____
202 E UNIVERSITY DR _____
TEMPE, AZ 85281 _____
Business Phone: (480)968-4712 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160348

SHELBY LEE FUTCH
HILLCREST GOLF COURSE LLC
HILLCREST GOLF COURSE GRILLE
20002 N STAR RIDGE DR
SUN CITY WEST AZ 85375

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070582 Renew? _____ Yes _____ No
Status: Active Status Date: 3/13/2009
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SHELBY LEE FUTCH _____
Location: HILLCREST GOLF COURSE GRILLE _____
20002 N STAR RIDGE DR _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)584-1500 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160349

SADIK OLLOMANI
GRANDE PIZZA INC
GRANDE PIZZA
P O BOX 83236
PHOENIX AZ 85071

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070361 Renew? _____ Yes _____ No
Status: Active Status Date: 1/14/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: SADIK OLLOMANI _____
Location: GRANDE PIZZA _____
8996 W UNION HILLS DR #105 _____
PEORIA, AZ 85382 _____
Business Phone: (623)566-5930 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160350

JOSE GUADALUPE GARCIA
LA BARQUITA RESTAURANT LLC
LA BARQUITA RESTAURANT
2334 E MCDOWELL RD
PHOENIX AZ 85006

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070803 Renew? _____ Yes _____ No
 Status: Active Status Date: 3/16/2010
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: JOSE GUADALUPE GARCIA _____
 Location: LA BARQUITA RESTAURANT _____
 2334 E MC DOWELL RD _____
 PHOENIX, AZ 85006 _____
 Business Phone: (602)275-5994 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160351

ANTONIO M PEREZ
JUAN'S AUTHENTIC MEXICAN FOOD INC
JUAN'S AUTHENTIC MEXICAN FOOD
1516 E THOMAS RD
PHOENIX AZ 85014

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070629 Renew? _____ Yes _____ No
Status: Active Status Date: 6/1/2000
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: ANTONIO M PEREZ _____
Location: JUAN'S AUTHENTIC MEXICAN FOOD _____
1516 E THOMAS RD _____
PHOENIX, AZ 85014 _____
Business Phone: (602)241-0072 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160352

NICHOLAS CARL GUTTILLA
PETER PIPER INC
PETER PIPER PIZZA #13
5415 E HIGH ST #200
GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070089 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: PETER PIPER PIZZA #13 _____
5050 W INDIAN SCHOOL RD _____
PHOENIX, AZ 85031 _____
Business Phone: (623)247-5100 _____

Renewal Fees:
License Renewal: 75.00
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# 07070096 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: PETER PIPER PIZZA #53 _____
4940 E RAY RD STE 1 _____
PHOENIX, AZ 85044 _____
Business Phone: (602)893-0995 _____

Renewal Fees:
License Renewal: 75.00
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# 07070825 Renew? _____ Yes _____ No
Status: Active Status Date: 3/2/2011
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: PETER PIPER PIZZA #216 _____
1880 W CHANDLER BLVD _____
CHANDLER, AZ 85224 _____
Business Phone: (480)899-1050 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160353

THOR OTTO SKOGAN, JR.
SKOGAN ENTERPRISES INC
MAIN STREET BILLARDS
1749 W MAIN ST #11
MESA AZ 85201

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070334 Renew? _____ Yes _____ No
Status: Active Status Date: 7/14/2005
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: THOR OTTO SKOGAN, JR. _____
Location: MAIN STREET BILLARDS _____
1749 W MAIN ST #11 _____
MESA, AZ 85201 _____
Business Phone: (480)969-7898 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160354

ROBERT JOSEPH NELSON
SMITH'S FOOD & DRUG CENTERS INC
FRY'S FOOD & DRUG #86
P O BOX 305103
NASHVILLE TN 37230

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070085 Renew? Yes No
Status: Active Status Date: 6/17/2014
License Inactive? Yes No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #86 _____
19403 N R H JOHNSON BLVD _____
SUN CITY WEST, AZ 85375 _____
Business Phone: (623)930-5025 _____

Renewal Fees:
License Renewal: 75.00
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# 07070312 Renew? Yes No
Status: Active Status Date: 10/24/2014
License Inactive? Yes No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: FRY'S FOOD & DRUG #25 _____
7628 E INDIAN SCHOOL RD #A _____
SCOTTSDALE, AZ 85251 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

License# 07075003 Renew? Yes No
Status: Active Status Date: 11/4/2010
License Inactive? Yes No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S SIGNATURE STORE #673 _____
20427 N HAYDEN RD _____
SCOTTSDALE, AZ 85255 _____
Business Phone: _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

License# 07075004 Renew? Yes No
Status: Active Status Date: 11/4/2010
License Inactive? Yes No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #125 _____
10450 N 90TH ST _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)661-0001 _____

Renewal Fees:

License Renewal:	75.00
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# 07076006 Renew? _____ Yes _____ No
 Status: Active Status Date: 7/8/2010
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: ROBERT JOSEPH NELSON _____
 Location: FRY'S MARKETPLACE #612 _____
 4707 E SHEA BLVD _____
 PHOENIX, AZ 85028 _____
 Business Phone: (480)367-3940 _____

Renewal Fees:

License Renewal:	75.00
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# 07076007 Renew? _____ Yes _____ No
 Status: Active Status Date: 11/4/2010
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: ROBERT JOSEPH NELSON _____
 Location: FRY'S MARKETPLACE #474 _____
 29455 N CAVE CREEK RD _____
 CAVE CREEK, AZ 85331 _____
 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

RB160355

JOEL FRANK MILLER
TASIM M CORPORATION
MAIZIE'S CAFE & BISTRO
4535 N 13TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070463 Renew? _____ Yes _____ No
Status: Inactive Status Date: 11/23/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: JOEL FRANK MILLER _____
Location: MAIZIE'S CAFE & BISTRO _____
4750 N CENTRAL AVE #B1 & B2 _____
PHOENIX, AZ 85012 _____
Business Phone: (602)397-6079 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

- 1) _____
Name Street City County Zip
- 2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160356

YORK PANCHEEP LAVIER
MINT THAI CAFE LLC
MINT THAI CAFE
1111 N GILBERT RD #101 102 103
GILBERT AZ 85234

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070128 Renew? _____ Yes _____ No
Status: Active Status Date: 8/23/2005
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: YORK PANCHEEP LAVIER _____
Location: MINT THAI CAFE _____
1111 N GILBERT RD STE 101,102 &103 _____
GILBERT, AZ 85234 _____
Business Phone: (480)497-5366 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160357

RANDY D NATIONS
JENNIFER'S CATERING LLC
MARKET BY JENNIFER'S CATERING
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070203 Renew? _____ Yes _____ No
Status: Active Status Date: 3/16/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: MARKET BY JENNIFER'S CATERING _____
3603 E INDIAN SCHOOL RD #A _____
PHOENIX, AZ 85018 _____
Business Phone: (602)626-5050 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160358

LAUREN ELAINE BAILEY
PTTO LLC
POSTINO ANX
5210 N CENTRAL AVE STE 101
PHOENIX AZ 85012

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070456 Renew? _____ Yes _____ No
Status: Active Status Date: 9/15/2014
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: LAUREN ELAINE BAILEY _____
Location: POSTINO ANX _____
615 S COLLEGE AVE _____
TEMPE, AZ 85287 _____
Business Phone: (480)927-1111 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160359

WILLIAM STEVEN CANO
MRS GOOCH'S NATURAL FOOD MARKETS INC
WHOLE FOODS MARKET
550 BOWIE ST
ATTN LEGAL TEAM
AUSTIN TX 78703

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070103 Renew? Yes No
Status: Active Status Date: 3/3/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: WILLIAM STEVEN CANO _____
Location: WHOLE FOODS MARKET _____
5120 S RURAL RD _____
TEMPE, AZ 85282 _____
Business Phone: (480)456-1400 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

License# 07070148 Renew? Yes No
Status: Active Status Date: 3/3/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOODS MARKET _____
7111 E MAYO BLVD _____
PHOENIX, AZ 85054 _____
Business Phone: (480)515-3777 _____

Renewal Fees:
License Renewal: 75.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 175.00

License# 07070399 Renew? Yes No
Status: Active Status Date: 8/12/2013
License Inactive? Yes No Changes:(may require additional Filing)
Agent: JEFFREY HOWARD ROFF _____
Location: WHOLE FOOD MARKET _____
4701 N 20TH ST _____
PHOENIX, AZ 85016 _____
Business Phone: (602)314-0022 _____

Renewal Fees:
License Renewal: 75.00
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# 07070448 Renew? Yes No
Status: Active Status Date: 3/3/2011
License Inactive? Yes No Changes:(may require additional Filing)
Agent: WILLIAM STEVEN CANO _____
Location: WHOLE FOODS MARKET _____
10810 N TATUM BLVD BLDG B _____
PHOENIX, AZ 85028 _____
Business Phone: (602)569-7600 _____

Renewal Fees:

License Renewal:	75.00
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# 07070610 Renew? _____ Yes _____ No
 Status: Active Status Date: 3/3/2011
 License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
 Agent: JEFFREY HOWARD ROFF _____
 Location: WHOLE FOODS MARKET _____
 2955 W RAY RD _____
 CHANDLER, AZ 85224 _____
 Business Phone: (480)821-9447 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
 Name Street City County Zip

2) _____
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160360

MICHAEL SYLVESTER HUMPHREY
DVR GOLF ASSOCIATES LLC
DOVE VALLEY RANCH GOLF CLUB
33750 N DOVE LAKES DR
CAVE CREEK AZ 85331

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070411 Renew? _____ Yes _____ No
Status: Inactive Status Date: 12/31/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: MICHAEL SYLVESTER HUMPHREY _____
Location: DOVE VALLEY RANCH GOLF CLUB _____
33750 N DOVE LAKES DR _____
CAVE CREEK, AZ 85331 _____
Business Phone: (480)488-0009 _____

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 _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RB160361

HOLLY ANN KNUDSEN
TAPPED LLC
POUR HOUSE
7000 N 16TH ST #120-142
PHOENIX AZ 85020

LICENSES EXPIRE ON FEBRUARY 29, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X _____
(Signature)

(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07070819 Renew? _____ Yes _____ No
Status: Inactive Status Date: 4/8/2015
License Inactive? _____ Yes _____ No Changes:(may require additional Filing)
Agent: HOLLY ANN KNUDSEN _____
Location: POUR HOUSE _____
4700 N 12TH ST #101 _____
PHOENIX, AZ 85014 _____
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 _____ State of _____ County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Month Year

My commission expires on: _____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

